17 FEBRUARY 2001

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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Controversy set to continue as Timbs becomes PJ editor

Skill mix: the thorn in Pharmacy Plan

Scottish Widows to provide stakeholder pensions for NPA

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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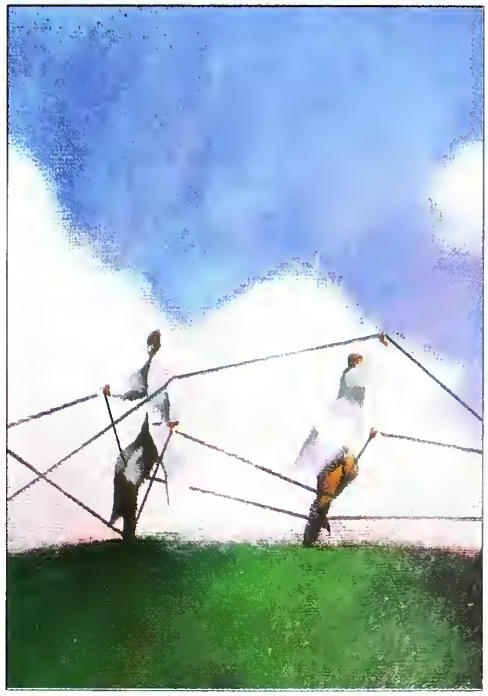
REGULARS

COMMENT

For many, the appointment of a new editor to the *Pharmaceutical Journal* is just another 'domestic' the Society has gotten into. For a few, there are problems in appointing a non-pharmacist, but for most it was a perception that the process was poorly handled that caused concern. Dr Gordon Applebe's assertion last week that "Council is being ignored" is a worrying charge and is redolent of those 'financial disarray' claims made last year. But as the grandfather on Council, Bill Darling, pointed out, it is important not to confuse the appointment with policy, as they are two separate issues. So it is a relief to discover this week that the Society is looking to address many of the problems which have dogged it over the past 18 months. After a seemingly interminable period of obfuscation, a corporate governance review has set forth a barrage of proposals. Rest assured that Council now has powers to control 'trivia' such as Council members' expenses. Proposals for dealing with erring Council members have been tabled as part of Code of Conduct. How the Society's officers should be elected, and what the treasurer should be doing has been clarified. How attendance at overseas meetings is authorised and principles for determining the president's annual overseas visit have been laid down. Access to information by Council members and the conduct of senior staff have been addressed. When the dust settles, perhaps the professional body will be able stop navel gazing and focus on more important matters. NHS reforms, a changing pharmacy workforce, and the impact of IT are all things that will affect the livelihood of every practising pharmacist. The Society's prescribing taskforce can belatedly do its job, and the thorny issue of skill mix can be properly addressed. Oh, there's one more ray of hope. Dr John Evans - he of the financial 'verging on disarray' concerns last summer - has relented somewhat, acknowledging the steps Council has taken to address successfully the potential deficit in the 2001 budget. So all's well. Can the head that wears the crown now lie easy?



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Dr Ron Davidson, senior director of Pfizer Ltd, has been elected an honorary member of the Royal Pharmaceutical Society. Dr Davidson is pictured with RPSGB president Christine Glover after his membership presentation at the RPSGB Council meeting last week

Clinical governance survey highlights committees' uncertainties over funding

A survey of local pharmaceutical committees has identified concerns over funding for clinical governance activities in the community.

Although up to £2 million is due to be released in April for funding clinical governance initiatives in community pharmacy, the Pharmaceutical Services Negotiating Committee says it is not yet known how it will be allocated.

"Health authorities are responsible for the implementation of clinical governance in community pharmacy and LPCs have been pressing hard for funding, although in some areas no funding approval has been given," says PSNC. "The main problem highlighted in the survey has been the lack of funding which has directly affected the ability of LPCs to take forward the clinical governance agenda."

So far, some 30 per cent of LPCs have received funding for sending out a baseline questionnaire to establish current levels in community pharmacy. Just over a fifth have received funding allocations to appoint a clinical governance lead pharmacist and a similar number (21 per cent) have received the funding for clinical governance. This money has been used mainly to hold or attend meetings, fund training or support accreditation schemes, says the PSNC survey.

A quarter of LPCs reported that they had had no activity regarding clinical governance. Two thirds described their activity as medium, and only 7 per cent rated their activity as high. Just under half of LPCs have circulated the clinical governance baseline questionnaire to local contractors, but the majority of remaining LPCs are in negotiation with their health authority over funding.

Some progress is being made in appointing clinical governance lead pharmacists with 20 per cent of LPCs reporting that funding allocations have been made. A clinical governance lead pharmacist post has been advertised in 13 per cent of health authority areas.

PSNC had an 80 per cent response from LPCs for the survey.

NPA warns on patient confidentiality clause

The National Pharmaceutical Association has warned that a clause in the Health and Social Care Bill could "fetter" pharmacists' ability to properly run their pharmacy businesses.

Clause 59 of the Bill would prohibit the processing of patient information other than in specific conditions set out by the Secretary of State. However, the NPA is concerned that the clause could adversely impact on patient care as it could prevent the use of patient medication records. Further, the NPA argues that the clause could also be interpreted so that it forces pharmacists to disclose patient specific data against their ethical obligations, and without the informed consent of patients.

In a briefing document issued this week, the NPA argues that PMR data is essential for providing prescribing support, for stock control and to provide a high quality pharmacy service, not just in dispensing prescriptions, but in wider issues associated with medicines' management.

NPA chief executive John D'Arcy said: "In general, we welcome the Health and Social Care Bill. It establishes the overall framework for delivering the NHS Plan and, in particular, sets out plans to modernise NHS pharmacy services and to make the regulatory changes necessary to facilitate the implementation of 'Pharmacy in the Future'.

"However, we do have concerns about the potential impact of clause 59 on our members."

The NPA argues that the clause may prejudice the ability of community pharmacists to run their businesses efficiently. "This is particularly significant given the move to increase access to NHS services, and in particular, to increase the role of pharmacists in primary care."

With regards a potential breach of patient confidentiality, the NPA is concerned that patients may be unwilling to consult any practitioner for fear of having their personal health details disclosed to a third party against their will.

It is asking for a fuller debate on the implications of clause 59 on the use of patient data in improving patient care. "However, if clause 59 is to be implemented, it is essential that full cognisance is given to the need to ensure that its impact does not undermine pharmacists' ability to use data in a legitimate way in the provision and enhancement of patient care."

Last week, the Department of Health indicated that the clause was included in the Bill as a means of preventing patient data being sold to the pharmaceutical industry. The British Computer Society argued that clause 59 should be withdrawn as the secretary of state had yet to make the case supporting any change to existing practices.

Although the Government had recently emphasised the importance of patient consent with regard to human tissue donation, it was now introducing legislation limiting patients' rights to consent to the use of personal healthcare information. But, at the same time, it was seeking to introduce powers, not all of which were clearly defined, allowing the health secretary to dictate the way patient information is divulged.

The Bill cleared the Commons committee stage last week and now moves to the House of Lords where it is expected to come under close scrutiny.

In the final stages, health secretary Alan Milburn tabled a further series of amendments. While most were 'tidying up' changes to improve the wording, a new clause (12) gives the Secretary of State sweeping powers to issue regulation to change the condition or terms of service for pharmacists and others included on health authority lists for the provision of services to the NHS.

The new clause also provides for an appeal to the FHSAA against a health authority decision to impose conditions, vary conditions, vary terms of service or remove pharmacists and others from a list for being in breach of conditions.

Hunt speech will be keynote at West Midlands meeting

The Health Minister Lord Hunt will make the keynote speech at a meeting being organised by the RPSGB's West Midlands Region in Birmingham on April 1.

Full details of the event will be mailed out in the next week or so, now that the minister has confirmed his availability for the morning session. A 'Question Time' panel with John D'Arcy, Andy Murdock, Allen Tweedie, and possibly RPSGB president Christine Glover, will convene in the afternoon.

There will be no registration fee for the event, but places will be limited to around 150, so pharmacists are encouraged to return attendance forms promptly. Further details from organiser Jon Gentle (tel: 01691 653033).

Drug services given boost

Drug services are being targeted in a campaign aimed at reducing drug deaths while improving services for drug users.

Pharmacists will be among 8,000 health professionals being trained to deal with drug misuse. The Government is also hoping to increase the number of supervised methadone schemes while reducing misuse involving injection or needle sharing.

The extra £25 million announced by the Department of Health on Monday includes £12m for health authorities to make more services available and easier to access.

Announcing the move, health minister Gisela Stuart said: "There are up to 200,000 problem drug users in the UK, of whom no more than half are in contact with treatment services, and it is clear that there is a great need for improving services. We aim to see a 15 per cent increase in the numbers of users in treatment compared to last year and a reduction in waiting times for people referred to services."

Society faces SGM over PJ editor

The Royal Pharmaceutical Society Council could face a vote of no confidence, following the appointment of a non-pharmacist, Olivia Timbs, as editor of the *Pharmaceutical Journal*.

Former Council member Ashwin Tanna says he will call for a Special General Meeting if an adequate explanation is not given as to why the editorship went to a non-pharmacist for the first time in the magazine's 160-year history.

He is already collecting the signatures required for an SGM to vote on the motion: "This meeting has no confidence in the elected members of the Society's Council for offering a non-pharmacist the position of editor of the *Pharmaceutical Journal*".

By Tuesday, Mr Tanna said that he had already collected 28 signatures. In a letter to *C&D* Mr Tanna offered his best wishes to the newly-appointed editor of the *PJ*. However, he questioned the accuracy of a Society statement saying that the appointment panel was unanimous in its decision.

The Society has responded sharply the suggestion that it has put out inaccurate information. It says the appointment panel agreed unanimously on Miss Timbs. This is confirmed by Alison Blenkinsopp, professor of pharmacy practice at the Department of Medicines Management at Keele, who sat on the selection panel.

Other members of the panel were president Christine Glover, vice president Marshall Davies, immediate past president Hemant Patel, secretary and registrar Ann Lewis – as well as Dr Alun Jones, a former editor of *Nature*.

The full Council ratified the appointment at its meeting on February 7.

Mr Tanna feels the process has lacked transparency and that Council should take collective responsibility for its actions. He told *C&D* that the sole reason he wants to call an SGM is so that the Council can explain its actions to the membership. For him not to proceed, the Society would have to give an answer that is "genuinely satisfactory to all the membership".

The Society's bylaws state that a call for an SGM must be supported by 30 signatures. A meeting must be "convened within such reasonable time as Council shall think fit." At least ten days' notice must be given.

A Society statement issued late on Tuesday responded to the letter signed by the staff of the *PJ*. (*C&D* February 10, p6). The editorial team was also concerned about the appointment process for the new editor.

"This letter and questions were discussed by the Council which agreed that the appropriate process for the appointment had been followed," says Tuesday's statement.

Council 'ignored'?

Among the Council members making their views known at last week's Council meeting was former society treasurer Gordon Applebe. Council was taking "a lot of stick" about the advertisement for the *PJ* post, he said, when it had not been responsible for the wording.

He was also concerned that there was nothing on the February agenda regarding the concerns that had been raised at earlier Council meetings. The full Council had not been aware of the composition of the interview panel for the post, nor its remit, he said.

"Is the Council being ignored in what may be a management decision, but is also a political one which can have repercussions with the wider membership? Council has not given the panel authority to appoint. The post should have been subject to debate in Council."

Secretary and registrar Ann Lewis responded that a report would be made to Council the following day in private session, but that the appointment had been not dealt with any differently to similar appointments.

After Wednesday's private session, president Christine Glover said: "Council heard the concerns of the PJ staff and others, but agreed the process for appointing a new editor has been right and proper".

● The group of pharmacists who asked Council to consider an SGM at its meeting last week is to withdraw the motion as it stands, as events have superseded the motion (*C&D* February 10, p6). Peter Schofield, a spokesman for the group, said that they would be consulting as wide a cross section of the membership as possible to see what action, if any, should be taken.

The *PJ's* first lady, Olivia Timbs

Miss Timbs started her new job on Monday morning. She is a natural sciences graduate from Cambridge University and an experienced health and medical journalist.

A former editor of *GP* magazine and *Medeconomics*, she has also been editor of an international health communications agency, Medicom, the publishers of *Medical Monitor*, *Primary Care Report* and *Pharmacy in Practice*. Miss Timbs was a medical correspondent for *The Observer*, as well as editor of that newspaper's science and technology section, and has also written for *The Times* and *The Independent*.

Ms Timbs told *C&D* she believes that with 25 years' experience in the field she has a broad perspective on the NHS and medical publishing. She has worked with pharmacists in the past and launched the *Primary Care Report*, with pharmacists among the readership. While recognising that there have been concerns over editorial freedom, she suggested that with her background she brings a certain amount of independence to the job.

Second part of revised Code of Ethics to go before annual meeting in May

A revised Code of Ethics for pharmacists is soon to be published by the Royal Pharmaceutical Society, and will go before the annual general meeting on May 16 for approval.

Last year's AGM adopted Part 1 of the revised code and a section relating to competence. At that time, the Society had not been fully aware of the possible impact upon the Code of the Competition Act.

For example, despite the Government's reliance on pharmacists' support for anti-smoking campaigns, if the Code banned the sale of tobacco products in pharmacies, it might be deemed to contravene the Act.

After discussions with the Department of Health and the Department of Trade & Industry, the Society concluded that the best source of advice on what could be included in the Code without infringing the Competition Act was the Office of Fair Trading. On that basis a copy of the document is to be sent to the OFT for comment.

This move suggests that it is unlikely that pharmacy will be granted exempt status as a profession under the Act. The Society saw this as one way in which it could make the standards it wants to introduce in the new Code strictly enforceable.

● Council has given specific approval to a new standard covering patient group directions, which will be added to the 22 professional standards already in the Code.

IN BRIEF

Script charge nearly half NIC

During 1999, the prescription charge represented 44 per cent of the net ingredient cost of chargeable items. About 85 per cent of all prescription items dispensed by community pharmacies and appliance contractors are dispensed free of charge. About one-fifth of people aged between 18 and 60 do not have to pay charges. These statistics were given in a recent Commons written answer.

British Approved Names

The fourth supplement to British Approved Names 1999, incorporating international non-proprietary names came into effect on February 1. The supplement is available from the Stationery Office price £7.50 (ISBN 0 11 322530 X). The Stationery office recommends that customers also obtain the previous supplements.

February NCSO endorsements

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for February prescriptions: co-triamterzide tablets 50/25; dexamethasone tablets 2mg; quinine bisulphate tablets 300mg; and clomiphene tablets 50mg.

Zatland to stand for RPSGB

Ben Zatland, currently National Pharmaceutical Association chairman, is to stand down from the NPA and seek election to the Royal Pharmaceutical Society Council.

CPA secretariat change

The Commonwealth Pharmaceutical Association has appointed an administrative manager, Mrs Betty Falconbridge, based at the Royal Pharmaceutical Society's headquarters. Professor Tony Moffat, the Society's chief scientist, has taken over the role of secretary/treasurer from Philip Green, the Society's deputy secretary.

Cannabis Bill certain to fail

A private Bill which would have legalised the use of cannabis as an unlicensed medicine is unlikely to be successful after its second reading in the House of Commons on February 2. The Bill was only supported by eight MPs and 40 are required to make a vote binding.

EDM on medicines awareness

An early day motion calling for the government to support projects which raise awareness of issues around medicine taking has been tabled by Dr Jenny Tonge MP. The motion welcomes the 'Be clear about your medicines' campaign launched earlier this month (*C&D* February 10, p6).

Lower demand for antibiotics

Patients are getting the message that antibiotics are not always required to treat self-limiting conditions such as a sore throat, according to a new survey.

The survey was conducted to investigate the response of GPs and health authorities to the Standing Medical Advisory Committee's report on antibiotic prescribing in 1998.

The report shows that:

- 56 per cent of GPs are noting fewer requests for antibiotics
- nearly half the GPs reported that fewer than 25 per cent of patients with a sore throat ask for antibiotics, but more than 75 per cent request antibiotics for uncomplicated cystitis
- 36 per cent of GPs said the main reason for a reduction in antibiotic prescribing was that more patients were now willing to leave the consultation without a prescription.

However, despite the positive signs, one-third of GPs reported no reduction in the number of patients asking for antibiotics.

Of the 16 health authorities interviewed, three-quarters already had an antibiotic prescribing policy in place when the guidelines were published. Most said that the SMAC report had highlighted the general issue of antibiotic prescribing and given weight to the guidelines that they had already developed for GPs. The survey was supported by Crookes Healthcare.

More lay input at RPSGB

The committees that oversee the Royal Pharmaceutical Society's disciplinary processes and determine pharmacists' competence to practice will, in the future, have a 'substantial lay membership'.

The Society is to publish a consultation document on the reform of its professional disciplinary machinery and the introduction of competence-based practising rights.

It will propose that Council should delegate responsibility in these areas to new committees that would have a substantial lay membership. Pharmacists would only be in a majority of one on each committee. The Council would retain its own current membership. Presenting the proposals to Council last week, William Darling said that the aim of the proposals was to meet government requirements for health self-regulatory bodies, as set out in the NHS national plan.

The Government wants such bodies to change so that:

- they are smaller, with greater patient and public representation in their membership
- they have faster, more transparent procedures, and develop real accountability to the public and the NHS.

The Society's Health Act Working Party, which drew up the proposals, rejected the idea that the Council should reform its own constitution so as to create a professional:lay majority of 12:11. This was because it would require a change to the Society's Charter and primary legislation, neither of which could take place within the Government's timetable.

The working party also rejected the idea that Council could appoint the Statutory Committee and other committees as it now did, but with a majority of only one pharmacist member. This could be in conflict with Human Rights legislation.

Council was told that the document could open up a debate within the profession about splitting the professional and regulatory activities, which would require primary legislation.

Pre-registration syllabus to change

Pre-registration students beginning their training this summer will work to a new syllabus, which will form the basis of future pre-registration examinations.

The new syllabus will be included in the manual sent to all trainees and tutors. It will also be made available to those who are unsuccessful in this year's examinations and will be retaking the exam in 2002.

There are also changes for pre-registration tutors: pharmacists wishing to be pre-registration tutors will no longer have to attend a Royal Pharmaceutical Society seminar, but will receive a distance-learning workbook instead. Unlike the seminars, the workbook will be appropriate for those with experience as well as those new to tutoring.

From May, the workbook will be sent automatically to pharmacists who are named as prospective tutors by students. The pharmacist will then have to return a signed declaration of their commitment to tutoring. Tutors and trainees will also have to sign a 'learning contract' soon after they begin working together.

There will also be a change to the meaning of the term tutor. Previously, each registered premises could only have one tutor. From this summer, each trainee will have a tutor assigned exclusively to them. Therefore, in an establishment with more than one trainee there will now be more than one tutor. In this case the placement must also have a pre-registration manager to oversee all the tutoring and to be accountable to the Society. In premises with only one trainee the tutor and manager will be the same person.

Regional meetings will plan for the future

All pharmacists will be invited to a Royal Pharmaceutical Society regional meeting in the near future to help explore how the Society's local network can meet the challenges of the future.

The first meeting, held in the Wessex region last week, was attended by more than 40 pharmacists including branch members, and representatives from the Local Pharmaceutical Committee and the Centre for Pharmacy Postgraduate Education.

On left, Professor Ian Jones (Portsmouth School of Pharmacy), Christine Hall (North Hampshire Branch representative on Regional Committee), Dr Brian Curwain (Wessex Branch representative on Regional Committee), Alan Nathan (Society Council member), Mike Bland (Wessex Regional Secretary), Amanda King (membership manager), Jeff Watling (hospital pharmacy representative in Regional Committee), Nicola Gray (Society Council member) and Professor Bill Dawson (Society Council member)

After the meeting, Council member Nicola Gray said: "I was inspired by the enthusiasm of all the members present at the meeting to talk about local opportunities and challenges. It seems obvious that there are many ways that we can re-engineer branches and Regions to give maximum support to members who want to move forward."

The meetings will be organised by regional secretaries and attended by members of Council and staff from the Society's membership team. They will plan to address issues such as:

- how should branches and regions relate to other pharmacy organisations including pharmacy development groups?
- how can the Society serve as an inclusive 'umbrella' body for pharmacy at local level?
- how can the Society get the best value out of the funds it deploys on the local membership network?

National private register rejected

A government committee chaired by 'drug tsar' Keith Halliwell has rejected a call by the Police Foundation for a national register of private prescriptions to be established to help control drug misuse. The committee says a national register would be unnecessary, as pharmacies favoured by private drug addict patients are well known.

It has also rejected calls to reclassify LSD, ecstasy and cannabis, and a recommendation to reclassify buprenorphine from class C to class B of the Misuse of Drugs Act has been referred.

The committee has accepted the Foundation's call for doctors to be encouraged to prescribe the 'less-abused benzodiazepines and non-benzodiazepine alternatives'. It has referred the recommendation for the manufacture of benzodiazepines to incorporate an antagonist that would block the 'high' if used intravenously.

The Government has not accepted outright the Police Foundation's endorsement of the Royal Pharmaceutical Society's recommendations on services to drug misusers.

INDUSTRY VIEWPOINT

Industry must recognise new pharmacist role

The annual dinner of the Barking & Havering and Redbridge & Waltham Forest LPCs, held on January 18, proved to be a memorable occasion.

It provided a unique insight into the convergence that is emerging from the NHS reforms. This is a meeting of minds between the professions, the politicians and the business managers who have begun to understand and exploit the potential for change in a new NHS service, where primary care has a fundamental role to play.

The fact that it was pharmacists who planned and organised the evening must have created a positive impression with Health Minister, Lord Hunt, who was the guest of honour. Equally impressive was the fact that the dinner was held to launch the largest medicines management programme in Europe, and one that will be delivered from community pharmacies with the direct involvement and support of the other healthcare professions.

"This is a meeting of minds between the professions, the politicians and the business managers"

The message of progressive change and opportunity was emphasised in both the keynote speeches. Lord Hunt's response clearly recognised and encouraged pharmacists to play an increasingly pro-active role within their PCGs and PCTs, a message not lost on the many chief executives, business managers and leading thinkers who were present.

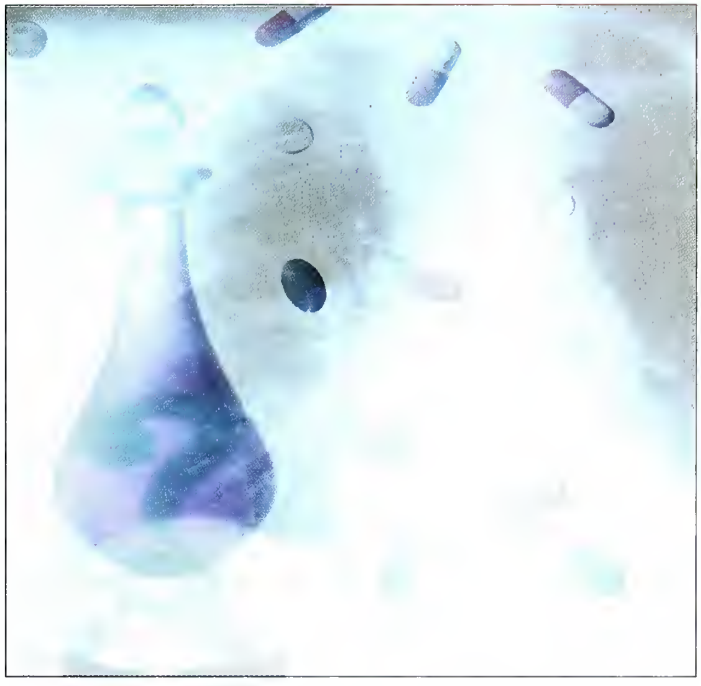
This initiative, and similar projects taking place in other LPCs in the UK, deserves the support of pharmaceutical and OTC companies. Many of these companies will be searching for roles within the newly-emerging NHS, and seeking to understand the implications of the changes being launched or tested in various parts of the country.

In the case of Barking & Havering and Redbridge & Waltham Forest, the blueprint has become reality and manufacturers should be willing to support Hemant Patel and his colleagues and learn by working with them.

Contributed by a senior industry manager

Xrayser

Topical Reflections



More clarity needed on OTC medicines

Commendable as it is that the Doctor Patient Partnership has launched a campaign entitled 'Be clear about your medicines' (*C&D* February 10, p6), it is also an indictment of the OTC pharmaceutical industry that the campaign is so necessary.

The ignorance of most of my customers to the drug content and the indications for the OTC medicines they request is staggering. But it is, regrettably, understandable because the OTC industry does seem to go out of its way to confuse the consumer.

In both advertising and packaging clarity is lacking, with the hyperbole words such as 'maximum', 'new' and 'strength' given prominence over definitive information. With most OTC medicines, the industry policy seems to be that information must be disguised at all costs as long as the law is complied with.

Selling points are more important than enabling informed choice, with the result that the community pharmacist's job to protect and educate is an uphill struggle against the advertisers' guile.

On the other hand, prescription medicines clearly state content and dose and all now contain a comprehensive patient information leaflet. The depth of that information has become vital to patients' understanding of their treatment and makes a mockery of that provided by many OTC medicines.

Perversely, however, my workload has increased because the more information that is provided to patients, the more they question. So, perhaps, therein lies the reason why so much is hidden from OTC medicine purchasers.

Ignorance is good for sales but that is no reason to continue with the present smokescreen of misinformation. It should not be necessary for the Doctor Patient Partnership to have to invest in encouraging the public to ask about OTC medicines. A strengthening of the regulations to oblige prominent disclosure of contents and the inclusion of a comprehensive PIL for all OTC medicines could quickly and cost-effectively achieve a similar purpose.

A Master's degree under false pretences?

The first four-year pharmacy students should graduate from English and Welsh universities this summer and all will feel honoured to receive their Master's degrees.

I know these degrees are well-earned and I have the greatest respect for the dedication shown by all students, but the award of these Master's degrees flies in the face of the framework published by the Quality Assurance Agency for Higher Education for all university degrees (*Guardian*, February 10).

The QAA states that: "The Master's title is being used consistently across Europe to denote postgraduate achievement. The UK cannot afford to be left behind." The QAA's criticism was primarily aimed at the unearned privilege of the Oxbridge MA, but the principle applies equally to the new Master of Pharmacy degree.

As time goes on the confusion of a pharmacist's letters will increase and the real achievement of a postgraduate Master's will become downgraded in the confusion.

This is a debate that appeared to have been lost some four years ago when one university broke ranks to award a Master's and forced all the others down the same road. The new guidelines from the QAA provide an opportunity for the universities to accept the error of their ways.

I have talked to some of the present students and few of them accept the legitimacy of the Master's degree. They would prefer to retain their BPharm and then earn their Master's. It is still not too late for the universities to listen to both present and past students, as well as the QAA, and confer on this year's graduates the Bachelor degrees most would prefer.

Nice try, but let's be practical!

Glaxo Wellcome – or GlaxoSmithKline, since I am not sure what the current trading name is – estimates that the number of patients per pharmacy affected by its current inability to supply Rotacaps is two.

The company also states that alternative methods of delivery of the same drugs are available and therefore patients' treatment should not be compromised.

Fine, but is GW (or GSK) seriously suggesting I now switch my two patients to Diskhalers or Accuhalers and then, when stocks become available, switch them back again?

The Weldricks Group has been named Vantage Silver Pharmacy Chain of the Year by AAH Pharmaceuticals. Weldricks receives £1,000 in prize money and an engraved silver timepiece. David Vanns, Weldricks' operations director, receives a cheque from Rob Flannagan, AAH business development manager

RPSGB puts its house in order

The RPSGB Council has approved a package of 'corporate governance' measures intended to prevent it slipping on politically sensitive banana skins in the future.

The recommendations have been made by its corporate governance steering group, and aim to provide a framework which is "transparent and fulfills the requirements for legal, commercial, financial and professional probity and accountability".

Code of conduct for Council members: the Society is looking into setting up a group of Privy Council nominees from similar regulatory bodies to sit on panels and hear allegations of misconduct. The proposal is to be explored initially with the Privy Council itself.

Election of officers: the procedure implemented last year for the annual election of officers is to be clarified. Following the election of the president, self-nominations are be invited for the posts of vice-president and treasurer, immediately followed by a straight vote. No speeches are to be allowed. The duties of the officers are to be set out in the bylaws.

Overseas meetings: a procedure for authorising attendance at overseas meetings by Council members and Society staff has been put in place. Each visit will have to be in the interests of pharmacy in Britain, within budget, and made in accordance with the agreed procedure, which is to be controlled by the Resource Management Committee for Council members, and the Secretary and Registrar for staff.

President's visit: general principles for selecting destinations for the president's annual overseas visit have been laid down. Such visits should be "of benefit to the country being visited and the Society in the wider environment, and/or to gain overseas diplomacy".

Other recommendations approved by the Council concerned:

- the selection of chairmen and members of committees
- access to information by Council members
- preparation of a code of conduct for senior staff.

All the corporate governance principles the Society has adopted are to be compiled into a handbook, which each successive Council would be asked to adopt at its first meeting following the Council election.

COUNCIL BRIEFS

Phormocist prescribing tosk force: Dr June Crown, who is leoding the project, met Society representotives on Jonuory 5. There is to be o wider consultotion group, os well os on octive tosk group. The Society hos ensured thot it hos 'properly engoged with other phormocy bodies, with Scotlond, Woles ond Northern Irelond, ond with educotionolists in relotion to competencies'.

FIP council: Lindo Stone is to continue to represent the Society on the Internotionol Phormoceuticol Federotion (FIP).

Porliomentory odviser: Lord Newton of Brointree hos been oppointed os porliomentory odviser to the Society for o further period of 12 months.

Council members' expenses: the Privy Council hos opproved on omendment to the Society's bylows to provide for limits on expenses poyoble to members of Council, to be determined onnuolly by o Council resolution ond reported to the AGM. The limits will cover expenditure on trovel ond costs of occommodotion ond subsistence. If the Privy Council opproves o proposol on locum expenses, the omendment will olso ollow reimbursement of locum expenses incurred by Council members.

Bronch representotives' meeting: on Moy 17 the bronch representotives meeting is to be osked whether it is still oppropriote to for motions to be reported to the Council before they ore sent out to the bronches for their considerotion. Becouse of the time scole involved, it is difficult for bronches to submit motions thot ore topicol.

PGD resource pock: A potient group direction resource pock is being published on the Society's web site. It will include o foct sheet detoiling the legol requirements, professionol stondords, oudit tools, tips for community phormocies on getting storted with PGDs, ond o flow chort to help decide whether o PGD is oppropriote in o given situotion.

Porliomentory Fund: o gront from the Society's Porliomentory Fund is to be oworded to ossist the election compoign of o phormocist who hos been selected os o prospective Porliomentory condidote by one of the moin politicol porties.

RPSGB election rules – no change

Restrictions on canvassing are to continue to apply to pharmacists standing for election to the Royal Pharmaceutical Society's Council.

The Council backed away from making the changes called for by the Slough and Bristol Branches of the Society at last year's Branch Representatives Meeting. The current guidance is to be circulated to moderators of pharmacy internet sites and discussion groups, who will be expected to follow the Society's rules.

The Electoral Reform Society advised that the Society had two options: keep the present guidance, or remove restrictions on canvassing altogether.

Alison Ewing argued that if canvassing restrictions were relaxed, the issues of sponsorship by larger companies would have to be addressed. Individuals had no means of running a high-tech campaign, but candidates backed by organisations might.

Sid Dajani said that he strongly believed that the current restrictions on canvassing were outdated. Kirit Patel felt that the restriction on canvassing favoured those with a high profile, such as existing Council members.

Peter Curphey admitted to having changed his views. "People do not always behave well during election campaigns. There is apparently a need for some people to denigrate others during elections. We need a process that requires standards of behaviour from candidates. I cannot find anything better than the system we have got."

Society urged to do more to ensure community pharmacies' survival

The Royal Pharmaceutical Society should try to ensure the survival of community pharmacies, help to change their image from retailers to health professionals and hasten pharmacist prescribing.

These requests will be put to this year's Branch Representatives' Meeting, which will also hear concerns about the Society employing non-pharmacists in key positions.

Dudley & Stourbridge Branch believes community pharmacy is in danger of being sidelined by those inside and outside the profession who think dispensing is merely supply, when it is much more than that. The Branch is to propose "that the Society must do everything in its power to ensure the survival of local community pharmacies" because "pharmacists know and care for their customers".

The Branch also urges the Society to change pharmacists' image in the high street by helping them implement the health professional role as soon as possible.

"The high-street retailer is an image forced on us by economic necessity and one which inevitably spoils our professional role."

West Metropolitan Branch feels that pharmacists have "missed the boat" and fallen behind nurses in being able to prescribe a wider range of medicines, despite the fact that pharmacists are educated in all aspects of drug therapy and even train nurses to prescribe.

The Branch is to deplore the lack of leadership shown by Council and the Society's officers, and will ask for urgent action to expedite pharmacist prescribing "in circumstances not less favourable than those enjoyed by nurses".

Glasgow & West of Scotland Branch "deplores the increasing proportion of non-pharmacists in important positions in the Society's administrative structure. Council must take heed of this disquiet when considering future appointments".

Other motions to be put to the meeting on May 17 include:

- The Society should be reconstituted on a federal basis, with a separate membership and Council for England, Wales and Scotland.
- In view of the Working Time Directive, pharmacists should be required to take statutory breaks away from the work place, especially when working over extended hours.
- The Society should provide better explanations of its income and expenditure, with an enhanced and more public review by the auditors.
- The Society should develop the means of regulating, within the UK, the sale and supply of medicines by e-commerce and online pharmacy.
- Council members, and others who speak on the Society's behalf, should take a course in public speaking and media skills, and familiarise themselves with the use of public address systems. Many interesting and useful speeches are "marred by the speaker's inaudibility".

Roche

New Accu-Chek Advantage
Blood Glucose System

Altogether easier to sell

LIFETIME GUARANTEE
FREE BATTERIES FOR LIFE

The *NEW* easy to use finger pricker

- Lancets available on prescription
- New small, discreet pen-like finger pricker design
- Easier loading and priming
- 11 variable depth settings allows Virtually Pain-free Testing

The *NEW* easy to use meter

- Currently used in hospitals - now available in the community and for patient self testing
- Coding chip for ease of calibration
- Large clear display
- Biosensor technology for highly accurate results
- 500 test memory with date and time
- Allows your customers to download and review their results

The *NEW* easy to use test strip

- Available on prescription
- The new touchable comfort curve test strip is shaped to finger for added comfort and ease of use
- Tiny blood sample - only 4µl
- Capillary action ensures correct dosing to achieve accurate results
- Utilises superior quality Palladium electrodes for increased accuracy and durability

Introducing the New Accu-Chek Advantage blood glucose system, the most advanced, easy to use system of its kind. 91% of your customers prefer Virtually Pain-free Testing and our national launch campaign will guide them to the new Accu-Chek Advantage and **your** pharmacy. And with £8.87 cash POR, it's altogether more profitable.

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Live life. The way you want.

For more information call free on 0800 701000 (UK) or 1 800 709600 (Ireland)

Medical matters

Breast is best for blood pressure

Breast milk consumption has been linked to lower blood pressure in children born prematurely.

A trial in *The Lancet* measured blood pressure at age 13-16 in 216 children who were born prematurely and had taken part at birth in studies at neonatal units. Dietary interventions were donated banked breast milk versus preterm formula, and standard term formula versus preterm formula.

Mean arterial blood pressure at 13-16 was lower in the 66 children assigned breast milk than in the 64 assigned preterm formula (81.9 mmHg vs 86.1 mmHg). In non-randomised analyses, the proportion of food intake as human milk was inversely related to later mean arterial pressure. No differences were found between those given term formula and preterm formula.

The study's findings that the effect of human milk on blood pressure was independent of gestation, and findings from two other studies involving term babies, suggest that the benefits of breastfeeding are not confined to preterm infants. However, a randomised controlled trial comparing breastfeeding with formula milk would be difficult in infants born at term.

IN BRIEF

Eltroxin 25mcg now in 28s

Eltroxin 25mcg is now available in packs of 28. The price is £0.85.

Goldshield Healthcare Ltd.
Tel: 020 8649 8500.

Emergency Largactil inj available

Limited emergency supplies of Largactil injection 2.5 per cent are available to hospitals only. It will be out of stock until the end of April.

Distriphar (UK).
Tel: 01732 584000.

New malaria advice

The National Pharmaceutical Association is advising members that there have been major changes to the malaria advice contained in the current NPA Malaria Prophylaxis chart, which runs until April 30.

Pharmacists should not use this chart - a new chart containing the updated recommendations is being sent out with the March 'Supplement' instead.

The changes recommended by the Malaria Reference Library see an increase in the number of areas where doxycycline is recommended for prophylaxis, and a reduction in the use of proguanil and chloroquine.

The new regimens were printed in *Pulse* on February 10. The new information is also available to NPA members via the NPAnet.

Members unable to access this or having other malaria queries can contact the NPA information department on ext 470.

It is expected that Malarone will be licensed for malaria prophylaxis within the next few months, although at present it is only licensed for the treatment of malaria.

Provera to Farlutal switches need care

If patients are being switched from Provera to Farlutal due to shortages of the former, pharmacists should be aware that there are differences between the two products' recommended dosages.

Although the active constituent of the two medicines is the same, differences in formulation and other excipients mean that their dosages are not directly interchangeable. Prescribers should be made aware of this and referred to the products' summary of product characteristics if necessary.

SPCs for both products are available at *emc.vhn.net* and from the medical information department at Pharmacia & Upjohn. Different dosage regimes are published in *MIMS*.

Provera 2.5mg, 10mg, 100mg, 200mg and 400mg continue are still out of stock and P&U does not know when supplies will be resumed. There is currently a limited supply of 5mg tablets.

Pharmacia & Upjohn.
Tel: 01908 661101.

Saudi immunisations changed

Changes have been made to the immunisation recommendations for pilgrims travelling to Saudi Arabia for Hajj or Umrah.

The UK Health Departments now recommend that all pilgrims are given the quadrivalent meningococcal polysaccharide vaccine, which provides protection against meningococcal strains A, C, W135 and Y. One licensed product, ACWY Vax from SmithKline Beecham, is available.

An interval of at least two weeks is recommended before administering the quadrivalent vaccine if a meningitis C vaccine has recently been given. The vaccine should not be given to infants less than two months old.

Previously, meningococcal polysaccharide A&C vaccine was recommended. The change follows an outbreak of meningococcal W135 that was associated with last year's Hajj.

SmithKline Beecham Pharmaceuticals.
Tel: 01707 325111.

Aspirin prevents pre-eclampsia

Antiplatelet drugs, particularly aspirin, can help prevent pre-eclampsia, according to a study in the *British Medical Journal*.

Use of antiplatelet drugs was associated with a 15 per cent reduction in the risk of pre-eclampsia, an 8 per cent reduction in the risk of preterm birth and a 14 per cent reduction in the risk of foetal or neonatal death. The study was a systematic review of 39 trials involving over 30,000 women.

Most of the trials compared aspirin alone with placebo, four studies used a combination of aspirin and dipyridamole compared with control, one used heparin with dipyridamole compared with control and one compared ozagrel hydrochloride with placebo.

For aspirin to prevent pre-eclampsia, it may need to be started well before trophoblast invasion is complete. The crucial time for starting treatment may be before 16 or even 12 weeks of pregnancy.

Smoking linked to RA

Cigarette smoking has been linked to rheumatoid arthritis (RA) in a dose dependent manner.

A person who smoked a pack of cigarettes daily for over 40 years was 13 more times likely to have RA than a non-smoker. The link was less marked among lighter smokers. Those who had smoked at some point in their lives had almost double the incidence of RA.

In addition, smoking was commoner in patients with RA without a family history of the condition compared to those with a family history.

The study, which was published in the *Annals of the Rheumatic Diseases*, looked at 239 unrelated RA patients attending rheumatology clinics in two Merseyside hospitals. Controls were matched for age, sex and social class.

'Wait and see' approach effective in childhood acute otitis media

A 'wait and see' approach in childhood acute otitis media has been suggested as an effective method of reducing antibiotic use.

A study in the *British Medical Journal* has shown that delaying antibiotic prescribing by three days is an acceptable alternative to an immediate prescription. The randomised controlled trial compared two treatment studies supported by standardised advice sheets - immediate antibiotic prescription or a prescription to be collected at the parents' discretion after 72 hours.

Children prescribed antibiotics immediately were ill for a day less, had over half a disturbed night less, and took half a spoonful of paracetamol less than those on a delayed prescription. But there was no difference in school absence or pain or distress scores since antibiotics' benefits occur mainly after the first 24 hours when distress is less severe.

Parents of 36 of the 150 children given delayed prescriptions used antibiotics and 77 per cent were very satisfied. Fewer children in the delayed group had diarrhoea. Fewer parents in the delayed group believed in the effectiveness of antibiotics and the need to see a doctor about future episodes. On average, symptoms resolved in all children after three days.

The randomised controlled trial used 315 children aged between six months and ten years who presented with acute otitis media. Prescriptions were for amoxicillin syrup 125mg/5ml three times daily x 100ml. Those allergic to penicillin were given erythromycin 125mg/5ml four times daily for one week.

Reach for the best

Established in 1938 to meet the needs of retail pharmacists, BCM Specials is now the premier Specials supplier in the UK.
We are the best because we hold true to our founding principles, namely to supply quality Specials in the shortest possible time.

With its unrivalled range of formulae and its 'state of the art' facilities there is little BCM Specials cannot provide.
To meet your need for quality, range, speed of service and flexibility BCM Specials is the best option.

BCM Specials putting your patient first.

www.bcm-specials.co.uk

Counterpoints

Let off steam for free haircare products

Braun is linking with Procter & Gamble's Pantene haircare brand to promote its Independent Steam Cordless Stylers.

Consumers will get a free Pantene Pro-V Sheer Volume collection with every purchase of the Braun Independent Steam C20S, C70TS and C100TS models.

The Pantene collection includes shampoo, conditioner, root booster and healthy hold spray, plus a styling tips booklet.

The offer is designed to attract new users to cordless stylers and encourage existing users to trade up to the Independent Steam range.

The promotion will run from March 1 for six weeks.

Braun (UK) Ltd.
Tel: 020 8560 1234.

Parasol opens out into UK pharmacies

Irish Skincare is widening the distribution of its Parasol 20+ sun protection product into pharmacies throughout the UK.

Developed by Irish Skincare at Carlow Institute of Technology in Ireland, the product has been available in Ireland since the mid 1990s.

The manufacturers say it requires only one application a day and should be applied 20 to 30 minutes before exposure to the sun.

The clear formulation is designed to be water resistant, non-staining, odour-free and non-sticky. It combines silicones with sun filters and does not contain either water or cream. The product protects against UVA and UVB rays.

Retail price is £10.99 for 100ml and £17.99 for 200ml.

Irish Skincare Ltd.
Tel: 00353 50341913.

IN BRIEF

Imperial Leather duck on TV

Cussons is supporting its Imperial Leather brand with a £3.6 million advertising campaign. Starting on February 19, a series of three humorous TV commercials will be on air throughout the spring.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Black mark

The brand name of Procter & Gamble's new Alldays black pantiliner was incorrectly published in last week's *C&D* (p14). P&G has developed Alldays Black to meet the cosmetic needs of women who wear dark underwear.

Procter & Gamble UK.
Tel: 01932 896000.

It's so Gorgeous!

Coty is promoting its Rimmel cosmetics range with a new limited edition collection for eyes, lips and nails.

The 'Gorgeous' collection comprises Mono Eye Gloss (£2.49) in Perfection, Chic, Precious, Style Vinyl Lip Gloss (rsp £2.99) in Glimmer, Lasting Finish Lipstick (rsp £2.49) in Asia, Perfection and Pink Sorbet and 60 Seconds Nail Polish (£2.49) in Chic, Radiance, Atlantic, Odyssey and Style.

The promotion will be available to independent pharmacies and selected other stores from March 14 for one month only while stocks last.

Coty (UK) Ltd.
Tel: 020 8971 1300.

Wella's wider vistas

Wella is widening its haircare portfolio by taking over the marketing and distribution of the Nicky Clarke designer haircare brand.

Top hairdresser Nicky Clarke originally launched his consumer range of haircare products in 1993. The 'wet' care products are currently sold in selected independent chemists, Boots, Superdrug and grocery multiples.

Nicky Clark Colour Therapy was launched exclusively in Boots last September.

Wella plans to support the brand with an increased marketing spend within the next four to six weeks.

Robert Bartlett, Wella executive director, says: "This partnership will bring a fresh dynamic to the marketplace and offers enormous benefits to both sides. A new 'designer' dimension for Wella will strengthen our market position."

The deal does not include any other part of the Nicky Clarke business and Wella says it will not impact on the company's existing haircare brands.

Wella Great Britain.
Tel: 01256 320202.

Calypso suncare in a sachet

Linco Care is introducing its Calypso Suncare in single-application, trial-size sachets for the first time.

The SPF 15 Calypso Lotion sachets are suitable for smaller retail outlets as they take up very little shelf space.

The handy sachets contain a waterproof lotion with UVA/UVB sunscreens. They are ideal for keeping in sports bags, handbags and car glove compartments.

A compact, counter-top unit is available for display.

Retail price is £0.99.

Linco Care is investing around £500,000 in a TV advertising campaign for Calypso Dry Oil Spray in June and July.

The commercial will feature a family dressed in fire suits to dramatise the hassle that can be involved in protecting oneself from the damaging effects of the sun.

Linco Care Ltd.
Tel: 0161 777 9229.

The beauty of keeping your cool

The Zero Bag Company is launching a novel cosmetic bag to keep make-up chilled in hot weather.

The Cosmetic Cool Bag contains a small insulated bag incorporating a removable water-filled mini ice-mat which can be put in a freezer.

It is designed to help prevent cosmetics from melting and creams from separating in hot weather. Perfumes will also remain refreshingly cool if stored in the bag.

Without the ice-mat, the bag doubles as an everyday make-up bag with a wipe-clean inner surface. It is available in a variety of colours.

The bag was launched exclusively in Selfridges and distribution will now be widened to include pharmacies.

Retail price is £9.95.

Zero Bag Company.
Tel: 01822 611461.

Which leading brand can answer all the common questions in the book?

Distinctive new packs

e problem of fungal skin infections can extensive. Fortunately Canesten, the mber one broad-spectrum antifungal atment, offers a range of highly ective products for a wide variety of gal skin infections. Canesten not only gets to work within one hour, but also offers the added benefit of antibacterial action. Canesten Hydrocortisone helps treat both infection and inflammation. So keep tabs on fungal skin infections, recommend the best seller.

Canesten CAN

Canesten®

clotrimazole

duct Information for Canesten® Cream, Atomiser Spray and Powder. *Canesten® Cream, miser Spray* and *Powder* contain 1% clotrimazole Ph.Eur. Indications: Treatment of skin ctions due to dermatophytes (e.g. *Trichophyton* species), yeasts, (e.g. *Candida* species), ulds and other fungi. These include ringworm (tinea) infections, athlete's foot, paronychia, riasis versicolor, erythrasma and intertrigo. *Cream:* Also for the treatment of candidal nappy , vulvitis and balanitis. *Atomiser Spray:* Particularly for infections covering large and/or hairy s. *Powder:* Use as an adjunct to treatment with cream or atomiser spray and as a phylactic against re-infection. **Dosage and Administration**: *Cream* and *Atomiser Spray:* Apply ly and evenly to the affected area two or three times daily. Continue for at least four weeks dermatophyte infections and at least two weeks for candidal infections. *Powder:* Sprinkle the affected areas two or three times daily after using the cream or atomiser spray. **Contra-cations**: Hypersensitivity to clotrimazole or any other ingredient. **Warnings and Precautions:** esten Atomiser Spray should not be used near a naked flame, inhaled or allowed to come contact with the eyes, ears or mucous membranes. The cream may damage latex raceptives if used on the vulva or penis. Therefore alternative precautions should be taken at least five days after use. **Side-effects:** Rarely local mild burning or irritation immediately r use. Hypersensitivity reactions may occur. **Use in pregnancy:** Only when considered necessary by a physician. **RSP:** *Cream:* 20g tube, £4.15; 50g tube, £9.35. *Atomiser Spray:* £8.79. *Powder:* £2.68. **MA Numbers:** *Cream:* PL 0010/0016R. *Atomiser Spray:* PL 0010/0060R. *Powder:* PL 0010/0067. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** May 2000. ® Registered trademark of Bayer AG. **Product Information for Canesten Hydrocortisone**. Canesten Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Cost:** 15g tube £4.79. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000.

Kodak calls the shots

Kodak is improving its Kodak Gold Ultra Film to provide crisp, clear results whether it is sunny or cloudy, fast action or still, indoors or out.

The new version will be available from May. It is designed to offer users the flexibility of a high-speed film with the sharpness and clarity typically associated with lower-speed film, including better pictures under low-light with extended flash range.

The high image quality makes it suitable for producing enlargements of favourite photos or for converting them to digital images for use on a PC or for sharing on the internet.

Kodak Gold Ultra – Film for all Conditions will be available in 24 and 36 exposures at the current rsp of £4.29 and £4.99.

Kodak is introducing three promotions designed to increase business for Kodak Pictures dealers.

These include £1.00 off extra sets of prints for Kodak Photo Service Plus and Kodak Advanced Photo Service when consumers first put their films in for processing.

Consumers ordering six 4in reprints from 35mm and Advanced Photo System (APS) film will only pay for four. Customers will only pay for two enlargements when they order three. The offer applies to 6in, 7in, 8in and 11in 35mm enlargements and 8in APS enlargements.

PoS materials include a board poster, an A4 poster, countercard and till wobbler. The promotions will run until the end of March.

Kodak Ltd.
Tel: 01442 261122.

Pharmacies still first stop for condoms

Pharmacies remain the most popular places to buy condoms, despite increasing availability from other retailers.

The 2001 Durex report shows that 48 per cent of people buy condoms from pharmacies, mostly Boots (29 per cent).

However, more people buy from supermarkets (20 per cent) than from pharmacies other than Boots (19 per cent), and there has been a decline in pharmacy popularity since 1999.

The internet is becoming increasingly popular, with 22 per cent occasionally buying condoms in this way. Twelve per cent buy from vending machines, 8 per cent from drugstores and 3 per cent from petrol stations.

Men are the main buyers (53 per cent) but there is a significant increase in the number of couples sharing responsibility, up from 17 per cent last year to 27 per cent.

The condom remains the most popular form of contraception in Britain, with more than three in ten (31 per cent) choosing it as their main method.

Almost nine in ten of those surveyed (87 per cent) knew condoms could help protect against HIV, but more than two-thirds did not know that condoms could also help protect against other sexually transmitted diseases.

SSL International plc.
Tel: 0161 6543000.

New Astex initiative for pharmacies

Protec Health is introducing an initiative called the Chemist Direct Service for its Astex anti-allergy covers.

Pharmacies can offer customers any Astex items by contacting the company (by fax, phone or e-mail) and the order will be dispatched the same day by recorded delivery, either to the pharmacy or to the customer.

The Astex range is designed to offer protection against house dust mite allergies such as asthma, eczema and rhinitis.

PoS promotional material and supporting literature are available.

Protec Health International Ltd.
Tel: 01285 850900.

ON TV NEXT WEEK

Avent Toiletries: C4, Sat
Clearasil: ITV, C4, Sat
E45 and Skin Confidence E45: All areas except LWT, GMTV, TSW
Haliborange: GMTV
Ibuleve maximum strength: C4
Imodium Plus: U, STV, HTV, W, LWT, CAR, C4, C5
Imperial Leather dancing duck: All areas
Lemsip: All areas except CTV
Lil-lets: ITV
Macleans whitening toothpaste: All areas
NiQuitin CQ clear: U
Nivea Soft: All areas
Nytol: All areas
Olbas: C5
Otex: C4
Oxy: All areas except U, CTV
Panadol: U
Radox Vitality: ITV, C4, C5
Senokot: All areas
Sensodyne toothpaste: All areas
Seven Seas Pure Cod Liver Oil: B, G, Y, A, W, LWT, TT, C4
Simple: All areas
Zovirax: All areas

Pharmasite for next week: Zovirax, BiSoDol – Window. **Zovirax** – In-store. **Canesten Once** – Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

NTIAL INFORMATION
e Ingredients: Each sachet
ns 3.5g ispaghula husk BP.
lso contains aspartame.
tions: Conditions requiring
h-fibre regimen, e.g. relief
constipation, including
pation in pregnancy and the
enance of regularity, for the
gement of bowel function in
ts with colostomy, ileostomy,
rrhoids, anal fissure,
ic diarrhoea associated with
icular disease, irritable bowel
ome and ulcerative colitis.
e Instructions: To be taken in
Adults and children over 12
sachet morning and evening;
en 6-12 – half to one level
spoonful of the granules
ding on age and size, morning
ening. Children under 6 – to
en only on a doctor's advice.
a-indications: Fybogel is
n-indicated in cases of
inal obstruction, faecal
tion and colonic atony such as
mega-colon. Precautions and
ings: Fybogel contains
ame and should not be given
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el should not be taken in the
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nt of bloating and flatulence
sometimes be experienced
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ent, but should diminish on
nued use. Retail Sale Price:
el Orange 10's £1.99, Fybogel
n 10's £1.99, Fybogel All
urs 30's £4.65. Marketing
risation: Fybogel 0063/0023,
el Orange 0063/0026,
el Lemon 0063/0024. Supply
fication: Through registered
nacies only. Holder of
ting Authorisation: Reckitt &
n Products Limited, Dansom
Hull HU8 7DS. Date of
ation: January 2001. Code No:
1. Fybogel, Fybogel Orange,
el Lemon, the Fybogel logo
he sword and circle symbol
demarks.

RECKITT BENCKISER

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the picture in

constipation...

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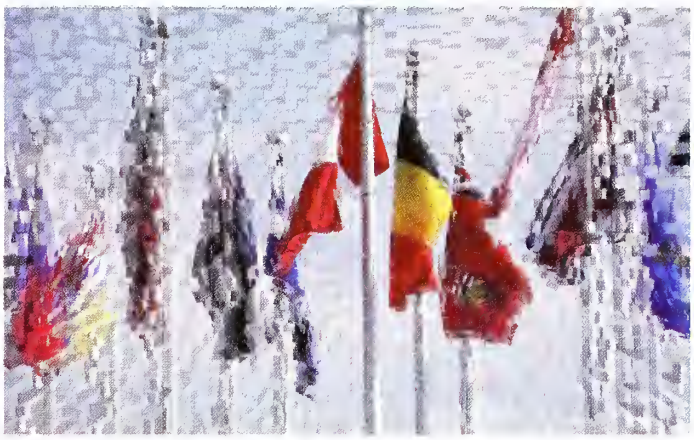
A lack of fibre is a major cause of frequent constipation. Fybogel contains one of nature's richest sources of fibre and so can help your customers become regular and healthy.

Promotion

Fly the flag!

NPA head of public affairs Veronica Wray provides some pointers to how pharmacists can promote their businesses effectively in 2001



The New Year always starts with resolutions, most of which are soon abandoned. The most important resolution that pharmacists can make, however, is to stay competitive.

Under the Government's pharmacy plan, if you don't move with the times, you won't survive. Yet how can you do this, when you're already working longer hours for less profit?

There is a way though - promoting your pharmacy. You may run one of the most friendly and efficient pharmacies in the country, but if your customers are not aware of the full range of services that you offer, then much of your hard work is in vain. Every pharmacy can benefit from a higher profile and a better relationship with its customers and you don't need huge PR budgets to achieve this.

The beauty of PR is that if you handle it yourself, with a little hard graft and a measure of creativity you can work wonders! The NPA press office is there to help, but we can't do it for you. We have, however, produced a helpful guide to advertising and public relations called 'Fly your Pharmacy Flag!'.

But only you know your local community and your customers, and what interests them. And you know who your local VIPs are. These are the people that you can 'nurture' to help you promote your business. So take the plunge! Local newspapers, radio and TV stations are all looking for good stories that affect local people and local businesses.

There are numerous ways of generating coverage for yourself or your pharmacy. For instance, have you just opened a new pharmacy, or refitted or relocated? Have you or any of your staff won any training awards? Have you taken part in any local charity campaigns or provided new pharmacy services? Do you give talks to schools or other groups? The list is endless - just think laterally!

How about holding an event in your pharmacy? Again, the type of event will depend on your community and its needs, but it's a great way to get your business noticed. Add a VIP or local celebrity and you'll substantially increase your chances of achieving news coverage.

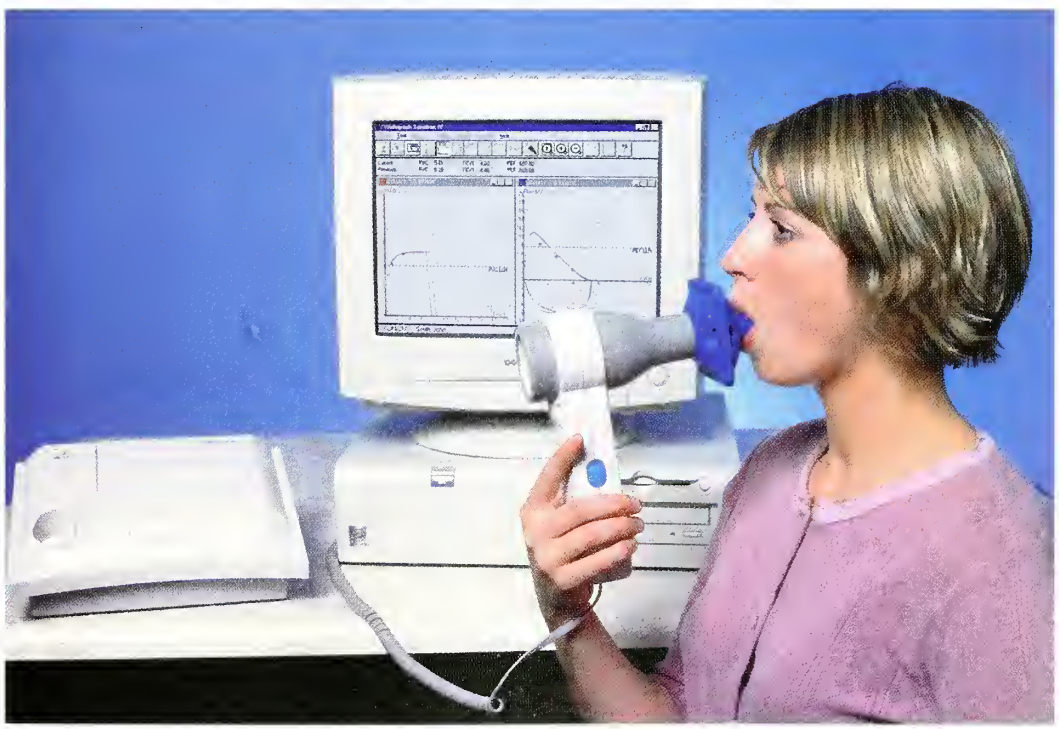
If you'd like more information on how to contact MPs and/or ministers, call the NPA Press Office. Be warned, however, MPs - and particularly ministers - are reluctant to commit to mid-week daytime social engagements if the House is sitting. You will also need to provide at least three months' advance notice to have any chance of your invitation being accepted.

So order your copy of 'Fly your Pharmacy Flag' (tel: 01727 858687, ext 227) or e-mail us at *press.office@npa.co.uk* for further assistance.

PHARMACYupdate

Take a breath

Asthma is increasing in prevalence and is a condition where pharmacists have an important role. In the first of a two-part feature, a team from the National Heart and Lung Institute explore asthma and its treatment



Courtesy of Wadsgraph

A patient using a spirometer to measure the air capacity of the lungs

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1191), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 10, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand how asthma is diagnosed
- To recognise the trigger factors for asthma
- To understand how asthma is monitored
- To be aware of the range of drugs available to treat asthma
- To appreciate how changes in therapy have improved control

Asthma affects more than three million people in the UK, including one in seven schoolchildren and up to one in ten adults. Asthma is now the commonest chronic condition affecting children, and the prevalence of lifetime asthma and hay fever in the UK has increased two to three fold in 20 years.

This increase in allergy and asthma is probably caused by modern lifestyles and contact with the external environment. Increased levels of hygiene, less exposure to infections, widespread vaccination, nutritional status, food additives and pollution, and living in carpeted, centrally-heated houses may all be contributing factors.

History

The bronchodilator drugs currently used for the treatment of asthma are based on natural compounds of plant origin. The ß-agonist ephedrine is found in Ma-huang, which has been used in traditional Chinese medicine since 1000BC. The thorn apple or datura contains the anticholinergic agent stramonium and has been employed in Indian Ayurverdic medicine since 450AD.

In the more recent past, Hyde-Salter in the 19th century reported the beneficial effects of coffee and cocoa, which are now known to contain xanthines such as caffeine. Since the 1950s, however, major advances in the treatment of asthma have centred upon the development of synthetic drugs, such as the β_2-agonists and inhaled corticosteraids (ICS) and, more recently, the leukotriene antagonists.

Aims of therapy

Therapy should be aimed at controlling symptoms so that normal life is possible. If currently available treatment is used correctly, it is likely that the vast majority of adults with asthma can lead normal lives and participate in leisure activities.

These aims should be achieved using the minimum of treatment with the lowest incidence of side effects. But it is important to remember that severe asthma is associated with a high morbidity and mortality, so that side effects may be acceptable in more severe patients.

Asthma therapy should aim to:

- minimise (ideally abolish) symptoms
- restore normal or best possible lung function
- prevent severe attacks
- prevent the slow decline in lung function
- prevent death.

The aims of asthma therapy should be more than alleviation of symptoms, since effective therapies are now available to control all but the most severe asthma. An

Continued on PII →

Continued from PI

important aim is to control symptoms so that normal life is possible. This includes normal participation in sporting activities and the ability to work normally.

Now that home monitoring of peak expiratory flow (PEF) is recommended for some patients with more difficult asthma, an additional aim of therapy is to keep PEF at the best possible level. This is particularly important in patients who may have a poor perception of the severity of their asthma, and who tolerate severe impairment of lung function.

Asthma exacerbations should be regarded as a failure in therapy, and an important aim of therapy is to prevent such attacks, if necessary by changing treatment. Poorly controlled asthma may lead to a progressive decline in lung function. The hope is that more effective control of airway inflammation may prevent the progressive increase in airway obstruction that occurs in patients with severe asthma, as well as preventing death from asthma.

One in seven schoolchildren is affected by asthma in the UK

Diagnosis

The diagnosis of asthma is usually straightforward in adults, since there is a characteristic history of episodic shortness of breath, chest tightness and wheezing. Ideally, a diagnosis of asthma should be made on a documented bronchodilator response (>12 per cent increase in FEV_1), or variability in peak expiratory flow (PEF) over time on diary monitoring.

Bronchial provocation tests (methacholine or histamine challenge and exercise challenge) have little place in routine diagnosis but may be useful in patients who present with cough or exercise-induced symptoms. In young children with 'wheezy bronchitis' there is a tendency for upper respiratory tract viral infections to go onto the chest, and for the child to have a troublesome nocturnal cough.

In children with recurrent cough and chest infections and failure to thrive it is important to consider other diagnoses such as cystic fibrosis. Finally, where there is a history of long-term smoking in adults, it is important to perform spirometry and assess reversibility to see if the patient has chronic obstructive pulmonary disease (COPD) (see illustration on p1).

Minimising trigger factors

Avoidance of factors that worsen asthma control is an important part of management (see figure 1). Patients should quit smoking, which may interfere with the anti-inflammatory effects of corticosteroids. Parents of asthmatic children should also stop smoking. Most asthmatic patients are atopic and environmental allergen exposure should be avoided as much as possible.

There are several strategies to avoid exposure to house dust mite and furry pets (especially cats), although complete avoidance of house dust mites is very difficult in temperate climates. Occupational exposure to allergens and sensitisers should be avoided where relevant.

Monitoring

Mini peak flow meters provide a cheap and reliable method of measuring airflow obstruction that patients can perform themselves at home. PEF charts are useful in diagnosis, assessment of trigger factors and for monitoring treatment.

Portable hand-held spirometers are available where more accurate measurement of lung function is required. These assess forced expiratory volume over one second (FEV_1), forced vital capacity (FVC) and peak flow. Some machines allow limits to be set which will alert the user if predetermined readings are not reached. Others allow a month's worth of results to be down loaded.

Inhalers: pMDIs and DPIs

An important element of asthma treatment is the use of inhalation devices for the delivery of β_2-agonists and ICS.

The first pressurised metered dose inhaler (pMDI) was introduced in 1956. Although it facilitates the delivery of the drug to the target sites in the respiratory tract, the patient must co-ordinate actuation and inhalation, and there is a high degree of oropharyngeal deposition of the drug substance.

More recently, based on the Montreal Protocol, chlorofluorocarbon (CFC) propellants are being switched to hydrofluoroalkane (HFA) propellants. Dry powder inhalers (DPI) are devices in which the action of inhaling is responsible for the actuation of the device. The Turbohaler from Astra is an important example. Breath actuation eliminates the co-ordination problems some patients have with pMDIs, but patients with very severe asthma may prefer a pMDI.

Selection of the correct inhaler device is imperative if the medication is going to have an opportunity to exert its action. Patient preference is an important issue to consider, since an element of co-ordination and dexterity are essential with the devices currently available. Spacer devices are used in conjunction with pMDIs in patients with poor co-ordination between actuation and inspiration. Spacers cause reduction in local deposition of drug in the mouth and throat, by removing large droplets. They are recommended for the young and elderly, and patients receiving high dose inhaled corticosteroids (ICS).

Portable nebulisers are gaining popularity for young children and patients with severe asthma.

Current therapies

Asthma therapies are now classified as:

- relievers – these provide rapid relief of symptoms (eg short-acting β_2-agonists, anticholinergics) and are used as needed
- controllers – these provide long-term control of symptoms and are used as a regular treatment (eg corticosteroids, theophylline, long-acting inhaled β_2-agonists, cromones, anti-leukotrienes and immunomodulators).

Formoterol is a long-acting inhaled β_2-agonist that is generally used as a controller, but can also mediate rapid relief.

Short-acting β_2-agonists

Beta$_2$-agonists are by far the most effective bronchodilators and are well tolerated when given by inhalation. They work as functional antagonists on airway smooth muscle and therefore prevent and reverse bronchoconstriction irrespective of the mechanism.

Continued on PIV→

NEW

SCHERING

LEVONELLE®

Emergency Contraception now available from the pharmacist

Effective when taken within 72hrs of unprotected sex, most effective when taken within 24hrs*

Levonelle®

750 microgram tablets • levonorgestrel

Unsurpassed reliability in oral Emergency Contraception*

onelle® (Levonorgestrel) Product Information.
sentation: Two tablets, each containing 750µg levonorgestrel. **Uses:** rgency contraception within 72 hours of unprotected intercourse or failure of roception. Not recommended for young women under 16 without medical rvision. **Dosage and administration:** One tablet as soon as possible after otected intercourse (maximum of 72 hours afterwards), followed by the ining tablet 12 hours (and no later than 16 hours) after the first dose. iting within 3 hours of taking either tablet might impair the efficacy of nelle. Another tablet should be taken immediately. Use at any time in the struol cycle unless period is overdue. After use, advise using barrier methods next period. Regular hormonal contraception can be continued. **traindications:** Hypersensitivity to any of the ingredients of the rotion. **Warnings and precautions:** Levonelle is suitable only as an rgency measure. Advise women presenting for repeat courses to consider term methods of contraception. Levonelle does not prevent a pregnancy in every instance. If timing of intercourse is uncertain or occurred more than 72 hours earlier, conception may have already occurred. Following treatment if the next menstrual period is abnormal or more than five days late women should be referred to a doctor so that pregnancy may be excluded. If pregnancy occurs the possibility of an ectopic pregnancy should be considered. Explain importance of follow-up appointment and alteration to timing of next period (few days earlier or later). Exclude pregnancy in users of regular hormonal contraception if no bleeding occurs in the next pill free period. Not recommended for women with severe hepatic dysfunction. Emergency contraception does not protect against sexually transmitted infections. Repeat administration within a menstrual cycle is not advisable due to possible disturbances of the cycle. Efficacy might be impaired in women with malabsorption syndromes or by interaction with concurrent drugs including barbiturates (primidone), phenytoin, carbamazepine, herbal medicines containing Hypericum perforatum (St John's wort), rifampicin, ritonavir, rifabutin, griseofulvin. Medicines containing levonorgestrel may increase the risk of cyclosporin toxicity. Women with malabsorption or on interacting medicines should be referred to a doctor. Epidemiological studies indicate no adverse effects of progestogens on the foetus. Levonorgestrel is secreted into breast milk. Advise breast feeding women to take tablets immediately after a breast feed. **Side-effects:** Nausea, low abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting and diarrhoea. Bleeding patterns may be temporarily disturbed. **Trade price:** £11.06 per 1 x 2 tablets. **Legal classification:** P. **PL Number:** 05276/0017. **PL Holder:** Medimpex UK Limited, 127 Shirland Road, London, W9 2EP. **Distributor:** Schering Health Care Limited, The Brow, Burgess Hill, West Sussex, RH15 9NE. ®Levonelle is a registered trademark of Schering AG. **PI revised:** 13 December 2000. *Task Force on Postovulatory Methods of Fertility Regulation. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for Emergency Contraception. *Lancet* 1998;352:428-433. **Date of preparation:** December 2000. L0011077(h)

Figure 1: Triggers and exacerbating factors in asthma

Inhaled allergens
Hause dust mite
Animol dander, salivo, urine: cat,dog, robbit, harse, guinea-pig, rot, homster
Bird feathers: budgerigar, parrat
Grass pallen: rye, timathy
Weed pallen: ragweed, plantain
Tree pallen: alder, birch, hazel
Mauld spares: Alternaria
Fungal infectian: Trichaphytan
Insects: cackraach

Infections
Viral: respiratary syncitial (RSV), rhino, influenza, parainfluenzo
Mycaplasma
Parasitic

Atmospheric conditians
Exercise and hyperventilatian
Cigarette smake
Vehicle exhaust fumes
Industrial smag: SO_2 particulate camplex
Phatachemical smag: azone & nitragen axides
Paints and perfumes
Weather changes: cold, wet, humid, thunder

Faods and additives
Seafaad, peanuts, dairy praducts
Metabisulphite preservatives, salicylotes

Drugs
Penicillins and sulphanamides
aspirin and ibuprafen (NSAIDs)
ß-blackers

Psychological and ematianal
Pseudaasthma
Stress, fear, anger, laughter

Occupational
Lab animal handlers
Electronics warkers (salder flux)
Paint and varnish (isacyanates)
Detergent: Bacillus subtilis enzymes
Bakers: flour & amylase

Systemic disease
Thyrataxicasis
Churg-Strauss syndrame
Oesophageal reflux
Rhinitis & sinusitis

Miscellaneous
Menstruatian: premenstrual asthma

Continued from PII

They alsa inhibit mast cell mediatar release and are effective in preventing exercise and allergen-induced asthma. Hawever, they da nat suppress chranic airway inflammatian ar reduce airway hyper-respansiveness and are, therefare, nat adequate alane ta treat persistent asthma.

Side effects are not usuolly a problem when $ß_2$-aganists are administered by inhalatian, but become mare frequent with aral and intravenaus administratians. The mast camman adverse effects are muscle tremar and palpitatians, which are mare camman in elderly patients.

There were cancerns that inhaled $ß_2$-aganists might be assaciated with increased asthma martality. But it naw seems that the assaciatian is mare o reflection af severe and unstable osthma, which has higher risk af death. Evidence that regular use af short-acting inhaled $ß_2$-aganists resulted in paorer cantrol af asthmo hove naw been refuted by studies showing na difference between 'as required' ond four times o doy salbutamal in either mild or mare severe asthma.

Hawever, shart acting inhaled $ß_2$-aganists are best given as required because this is a useful measure af haw well asthma is cantralled. Regular use at shart-acting inhaled $ß_2$-aganists faur times a day has naw been superseded by the use af lang-acting inhaled $ß_2$-oganists, which give mare effective symptam cantral, twice daily.

There have been cancerns obout the develapment af talerance ta the branchadilatar effects af $ß_2$-aganists. However, althaugh a reductian in the pratective effect af shart-acting $ß_2$-aganists has been demanstrated, this is nat pragressive and mast af the pratective effect is preserved.

Long-acting ß$_2$-agonists

Inhaled salmeteral and farmateral praduce branchadilotion and branchapratectian lasting aver 12 haurs and are, therefare, suitable far twice daily dasing. Like short-acting $ß_2$-aganists they have na apparent effect an chronic inflammatian and, therefare, shauld nat be used without corticosteraids. Inhoted long-acting $ß_2$-aganists give better asthma cantral than increasing the dase af inhaled carticasteraids in maderate and severe asthma, and alsa reduce mild and severe exacerbatians.

Salmeteral and farmateral have a similar duratian at actian, but there are pharmacalagical differences. Farmateral is a nearly full aganist, whereas salmeteral is a partial aganist and this may account far the small degree af branchadilatar talerance seen with farmateral. Farmateral has a mare rapid anset af actian than salmeteral and, therefore, may be useful as relief medicatian.

Inhaled corticosteroids

Inhaled steraids are by far the mast effective treatment available far asthma, as they are effective in mast patients at all ages. They are a ratianal appraach ta the treatment af asthma because they suppress the chranic easinaphilic inflammatian in the airways.

ICS are naw used much earlier in treatment and are recammended in any patient who hos symptoms, ar needs ta use a $ß_2$-aganist mare than three times a week. ICS imprave osthma cantral, reduce exacerbatians and almast certainly reduce martolity. In oddition, early use af ICS may prevent irreversible changes in lung function that accur in some patients with asthmo.

Severol ICS ore currently used in asthma and differ mainly in terms af their pharmacakinetic characteristics. Beclomethasane diprapianate and triamcinalane are absarbed fram the gastraintestinal tract ta a greater extent than fluticasone prapionate or budesanide, so the latter are preferred when higher dases are needed or in the treatment af children.

Fluticasane hos twice the patency af beclomethasone and budesanide, and is especially helpful in more severe asthmo. The dase-respanse ta ICS is relatively flat and rather than increasing dases, it is preferable ta add anather class af drug (lang-acting inhaled $ß_2$-aganists) in mast patients.

Side effects af ICS are nat a problem at the dases that mast patients require far asthma cantral. Lacal side effects include dysphania and aral candidiasis. These can be reduced with a large valume spacer ar a dry pawder inhaler.

All ICS are absarbed fram the lung and sa have systemic effects. Hawever, at the dases that mast patents require, systemic side effects such as stunting af grawth in children and asteaparasis in adults are nat a prablem.

Anti-leukotrienes

Anti-leukatrienes are the first new class af drug intraduced for asthmo in aver 30 years ond include the leukatriene receptar antaganists (zafirlukost, mantelukast). These agents are highly specific peptidyl leukatriene receptar antaganists that caunteract the effects af leukatrienes C4, D4 and E4.

Leukatriene ontoganists have an inhibitory effect an exercise and allergen-induced bronchacanstrictian, and have anti-inflammatary effects in relatian ta eosinaphils. Numeraus clinicol studies have shawn that they have anti-asthma effects, including improvement in lung functian, symptams, $ß_2$-aganist use and a reductian in exacerbatians.

These are still relatively new drugs far asthma, and a majar prablem is the lack af studies directly camparing them with gald standard ICS and lang-acting $ß_2$-agonists. This may be because the current regulatary requirement is for camparisan with placebo and not pasitioning in relatian to standard therapy.

When direct camparisans hove been made, it must be stressed that they are less effective than inhaled ICS in head ta head triols. Far this reasan, we regard leukatriene ontagonists as secand line therapy, although accept that there is a need to define the minarity of osthmatic potients wha may respand well ta this therapy.

Nevertheless, a majar advantage af leukatriene antaganists is that they are active arally and da nat have any mojar class-specific side effects. Mantelukast is a ance daily therapy that has been studied in maderotely severe asthma that is paarly cantralled by ICS, and hos been demanstrated ta be superiar ta increasing the dase af ICS. Hawever, it is less effective when campared with lang-acting $ß_2$-agonists as add-an therapy, and is relatively ineffective in patients with severe asthma requiring aral steraids.

Cromones

Sadium cromoglycate (cramalyn) and nedacramil sadium are cantraller drugs that have o relatively weak effect ond are nat recammended. They are anly effective in o prapartian af potients with mild disease and the respanse is unpredictable.

They prevent induced branchacanstrictian including exercise and allergen-induced varieties. But they are nat very effective in long-term cantral af asthma, partly because of their shart duratian af actian. Sadium cramaglycate has been faund ta be safe in children, but law dases af ICS are now preferred.

Anticholinergics

Inhaled anticholinergic drugs (ipratropium bromide, oxitropium bromide) are less effective bronchodilators than β_2-agonists in asthma. They are used as additional bronchodilators in patients already treated with β_2-aganists.

As they are cumulative, they can be used to reduce the dose in patients who have side effects from β_2-agonists. Tiotropium is a navel inhaled anticholinergic in phase III clinical development that causes branchodilation lasting up to 24 hours.

Theophylline

Theophylline has been used in asthma treatment for over 50 years, but has become less popular because β_2-aganists are more effective bronchodilators. In addition, the high doses of theophylline needed far branchodilation are frequently associated with side effects such as nausea and headaches, and there is the need to monitor therapeutic blood levels.

However, more recent studies have demonstrated that theophylline exerts anti-asthma controller effects at lower plasma concentrations (5-10 mg/L), and these concentrations have few side effects. At these levels theophylline gives better improvement in asthma control than increasing the dose of ICS.

Oral corticosteroids

Oral corticosteroids are mainly used as a short course (five to ten days) to treat severe exacerbations of asthma. However, about 1 per cent of patients with asthma have severe disease that requires maintenance oral steroids to control their condition. The lowest dose possible of prednisolone should be used to avoid side effects.

Steroid-sparing therapies

In the small proportion of patients who require maintenance oral corticosteroids, there are some treatments that can reduce the requirement for these drugs. These include methotrexate, cyclasporin A and oral gold. All of these treatments have marginal efficacy and often have worse side effects than oral corticosteroids. They should only be continued if there is objective evidence of benefit.

Summary

Currently available therapy for asthma is generally effective and enables the majority of patients to lead normal lives. For individual patients with asthma there is the need for careful diagnosis and monitoring, and avoidance of factors that worsen asthma control. Choice of the optimal therapy and inhalers is important, as well as education and support to ensure compliance.

Asthma is generally treated in general practice, where the pharmacist has an important role in the management team together with the doctor and specialised respiratory nurse. National and international guidelines recommend the use of inhaled β_2-agonists (bronchodilator relievers) and inhaled corticosteroids (ICS) (preventer therapy to combat inflammation) as the mainstay of modern therapy.

The earlier and more widespread use of ICS has revolutionised asthma treatment over the past ten years. This has lead to improved asthma control and reduced asthma morbidity.

Recent advances in therapy have seen the introduction of long-acting β_2-agonists (salmeterol and formoterol) as well as the leukotriene antagonists (montelukast and zafirlukast). It is now established that 'add-on' or 'adjunctive' therapy with long-acting β_2-agonists is the best option for the majority of patients that remain symptomatic on lower doses of ICS.

Among new agents in clinical development, biotechnology is providing monoclonal antibodies (MoAbs) and recombinant DNA-derived proteins targeted against IgE, eosinophils and specific allergic responses.

● *The second part of this feature will be published on March 3. This will cover asthma management and future therapies.*

● *The team of authors from Imperial College's National Heart and Lung Institute are: Dr Trevor Hansel, medical director; Professor Peter Barnes; Dr Linda Green and Dr Andrew Tan.*

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2001*

The first pressurised metered dose inhaler (pMDI) was introduced in 1956, facilitating drug delivery to target sites in the respiratory tract

ACTION PLAN

1. Revise the management of chronic asthma as listed in the tables in the *BNF*.
2. Revise the techniques for using inhalers and make sure your dispensary staff are able to give a demonstration.
3. By analysing your PMRs, compare the number of patients using agonists only with the number using both an agonist and an inhaled corticosteroid. This ratio should reflect the ratio of very mild sufferers to those with moderate to severe condition. Do you think the prescribed ratio reflects the real situation?
4. Think about the features of asthma that suggest a visit to the doctor is desirable. How often do you refer patients with suspected undiagnosed asthma? Do you think you are more often right than wrong?
5. How do you label inhaled agonists when there are no instructions? In view of the article should you use a 'prn' instruction rather than 'qds'?
6. Do your local doctors prescribe the anti-leukotrienes? According to reports from your patients how effective are they?

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 10 issue, which will cover this week's CPP-accredited modules, together with those in the February 3 issue.

In other words:

- Atherosclerosis (1190)
- Asthma (1191)
- Psoriasis (1192).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with

GENUS PHARMACEUTICALS

A rash of problems

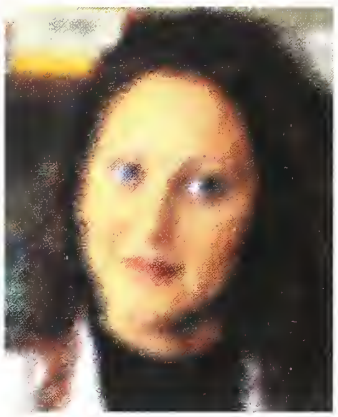
A worried student presents with a scaly rash. Mary Allen, FRPharmS, explains possible causes and treatment

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1192), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 10, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be able to recognise psoriasis symptoms
- To appreciate the condition's trigger factors
- To recognise exacerbating factors
- To understand psoriasis treatments
- To be aware of conditions that can be confused with psoriasis



Around Easter time, Lucy Tomlinson visited Jill's community pharmacy with a prescription. Before leaving school, Lucy had worked as a Saturday girl in the pharmacy for several years. She was now almost at the end of her third and final year at university.

The prescription

Calcipotriol cream 120g
Aqueous cream 500g
Both to be used as directed

Jill was surprised – she was not aware that Lucy had suffered with skin problems. She asked Lucy if she knew what to do with the creams and Lucy confirmed that this was her second supply – her first supply had been dispensed in her university town and she was now home for Easter.

Jill asked how her studies were going and Lucy pulled a face. She told Jill that the student house she shared with three other girls had been burgled. Her personal computer had been stolen – which meant her nearly finished third year dissertation was lost. Stupidly she had not backed up her work, so she was feeling very stressed trying to rewrite it.

On top of this, the burglars had taken all her 21st birthday presents and completely trashed the house. And now she had come out in this itchy, scaly rash. To cap it all, she was bothered about whether it would clear up before the May Ball, for which she had bought a new dress.

What has Lucy got?

From Lucy's medication, it appears that she is suffering from psoriasis – calcipatriol is indicated for plaque psoriasis, and Lucy has told Jill about her 'scaly' rash.

Psoriasis is a chronic proliferative skin disease characterised by well-defined erythematous patches covered by silvery scales. It occurs in 1-3 per cent of the population worldwide, affecting men and women equally. Although psoriasis can occur at any age, the typical age of onset is the third decade, and it is unusual before 15 years of age.

Psoriasis is thought to be due to abnormalities of the immune response. Hereditary factors may be involved, particularly in those with an early age of onset. Recent evidence suggests that infection may play a part, especially in guttate psoriasis (see below).

Possible drug triggers

- **Beta-blockers and lithium**

Propranolol and lithium are both known to inhibit cyclic adenosine monophosphate (AMP) in the body. Cyclic nucleotides may have a role in the onset and/or clinical course of psoriasis.

- **Anti-malarials**

Usually have an adverse effect on the course of psoriasis (although hydroxychloroquine may cause a beneficial response in psoriatic arthritis).

- **Indomethacin and possibly other NSAIDs**

Indomethacin seems to have a more significant adverse effect than other NSAIDs.

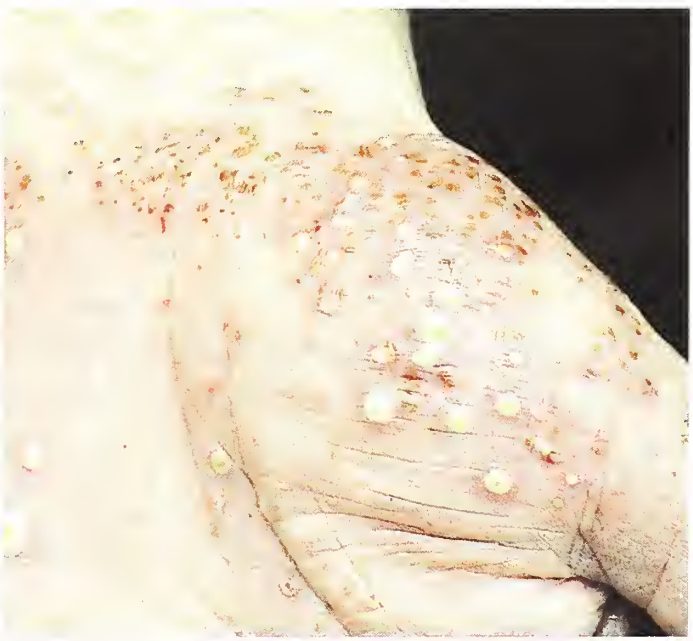
Exacerbating factors

- Sunlight – in around 10 per cent of cases psoriasis is aggravated by sunlight, although UV light may be beneficial for some.
- Psychological stress.
- Trauma – psoriasis may develop along existing scars or on an area of sunburn.
- Hormonal changes such as those experienced during the menopause, pregnancy or puberty.

In some patients there is no obvious trigger factor.

Lucy has no family history of psoriasis and she is not taking any prescribed medicines. She has no scars, is past puberty and not pregnant. However, the worry of her impending finals, plus the problems of the burglary and the loss of her third-year dissertation means that she is suffering from stress.

Lucy's doctor at university has told Lucy that she is suffering from a type of psoriasis known as guttate psoriasis.



Pustular psoriasis of palms (and soles). The pustules look infected but they are not. The condition is usually uncomfortable rather than itchy

What is guttate psoriasis?

Acute guttate psoriasis most usually occurs in children

Continued on PVIII →

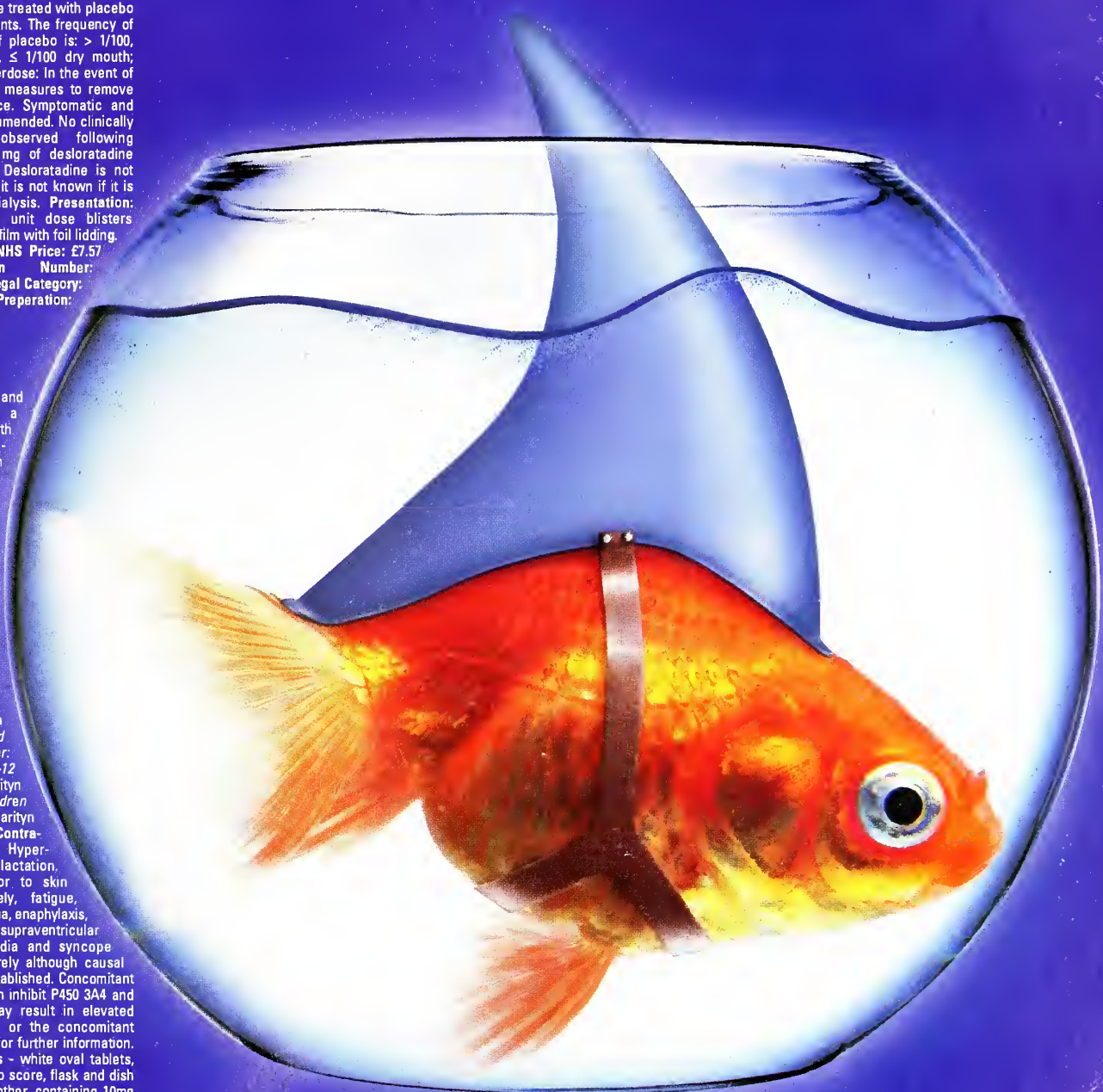
OCLARITYN TABLETS
BREVIATED PRESCRIBING INFORMATION
oclarityn (desloratadine) 5mg film-coated tablets. **es:** Neoclarityn is indicated in adults and olescents for the relief of symptoms associated h seasonal allergic rhinitis. **Dosage:** *Adults and ldren 12 years and over:* One 5mg tablet, once ly. **Contre-indications, Precautions:** Hyper-sitivity to desloratadine, loratadine or excipients. cacy and safety of Neoclarityn heve not been ablished in children under 12 years of age. oclarityn should be used with caution in patients h severe renal insufficiency. Neoclarityn does not entiate the performance-impairing effects of ohol. No clinically relevant interactions were served in clinicel trials in which erythromycin or oconazole were co-administered; however, some eraction with other drugs cannot be fully excluded. e safe use of Neoclarityn during pregnancy has not en established. Neoclarityn should not be used ing pregnancy unless the potential benefits weigh the risks. Desloratadine is excreted into ast milk, therefore the use of Neoclarityn is not ommended in breast-feeding women. Neoclarityn no or negligible influence on the ebility to drive use machines. **Side-effects:** At the recommended e of 5mg daily, undesirable effects with oclarityn in excess of those treated with placebo re reported in 4% of patients. The frequency of erse events in excess of placebo is: > 1/100, /10 headache; > 1/1,000, ≤ 1/100 dry mouth; 1,000, ≤ 1/100 fatigue. Dverdose: In the event of rdose, consider standard measures to remove bsorbed active substance. Symptomatic and portive treatment is recommended. No clinically vant effects were observed following inistration of up to 45 mg of desloratadine imes the clinical dose). Desloratadine is not inated by haemodialysis; it is not known if it is inated by peritoneal dialysis. **Presentation:** oclarityn is supplied in unit dose blisters prised of laminant blister film with foil lidding. ks of 30 tablets. **Basic NHS Price:** £7.57 **rketing Authorisation Number:** 1/00/161/011, 30 tablets. **Legal Category:** scription only. **Dete of Preperation:** ember 2000.

RITYN TABLETS AND TUP
BREVIATED PRESCRIBING ORMATION
ityn (loratadine) Tablets and up. **Uses:** Cleriyn is a acting antihistamine with ective peripheral H_1-eptor antagonist action no central sedative or cholinergic effects. It is cated in adults for the ef of symptoms ociated with seesonal perennial allergic itis, such as sneezing, al discharge and itching ocular itching and ing. It is also indicated the relief of idiopathic onic urticaria. Clarityn up is indicated in children the symptomatic tment of seasonal allergic itis and allergic skin ditions. **Dosege:** *Adults and dren 12 years and over:* g once daily. *Children 6-12 rs:* 2 x 5ml spoons of Clarityn up (10mg) once daily. *Children years:* 1 x 5ml spoon of Clarityn up (5mg) once daily. **Contra-cetions, Preceutions:** Hyper-sitivity. Pregnancy and lactation. ontinue four days prior to skin ing. **Side-effects:** Rarely, fatigue, sea and headache, elopecia, enaphylaxis, rmal hepatic function, supraventricular yarrhythmias. Tachycardia and syncope also been reported rarely although causal ionship has not been established. Concomitant inistration of drugs which inhibit P450 3A4 and metabolic pathways may result in elevated ma levels of loratadine or the concomitant ication. See Data Sheet for further information. **entetion:** Clarityn Tablets - white oval tablets, on one side, with a deep score, flask and dish with number 10 on the other, containing 10mg adine. Cartons of 30 tablets, each containing blister strips of 10 tablets. Clarityn Syrup - , colourless to light yellow syrup with a peach ur, containing 5mg loratadine per 5ml, in bottles 0ml. **Besic NHS Price:** Tablets £7.57; Syrup . **Product Licence Numbers:** Clarityn Tablets 0175; Clarityn Syrup 0201/0173. **Legel Cetegory:** tyn Tablets - PDM; Clarityn Syrup - P. Further mation available from the **Product Licence er:** Schering-Plough Ltd, Shire Park, Welwyn en City, Herts., AL7 1TW.
of Revision: August 1997.
larityn, Clarityn and Schering-Plough are marks.

Schering-Plough

of preparation: December 2000. NCL/00-005A

YOUR OLD FRIEND. WITH JAWS.



NEOCLARITYN™
DESLORATADINE

CLARITYN WITH EXTRA CLOUT.
loratadine

Continued from PVI

ond young odults. Its name derives fram its drop-shaped lesions.

Guttote psoriasis usuolly occurs around two weeks ofter beta-haemolytic streptococcol throat infection. Although it is generally self-limiting ond relatively short-lived, some potients ga on to develop chronic plaque psoriasis in loter life.

Jill asked Lucy if she had suffered o sore throat or tonsilitis prior to the rash. Lucy soid no, ond commented that the doctor had asked that os well.

Treatments

Most potients with psoriosis ore treated with topical products, althaugh some undergo ultraviolet light treatment. Chronic plaque psoriasis is usuolly treated with preparations containing dithronol, salicylic ocid or coal tar, or vitomin D3 anologues (such as colcipotriol). Emollients ore useful.

Same types af psariosis can be treated with topical carticosteroids. Resistant coses con be treoted systemicolly with drugs, such as ocitretin or cyclosporin.

Guttote psoriosis is usually treoted simply with emollients, which moy be applied ofter a both or shower. Aqueous cream or emulsifying ointment can be used in the both, os con products specially formuloted for both use. If necessary, the streptococcal infection should alsa be treoted. Severe coses con be treoted with UVB therapy.

Calcipotriol

Calcipotriol is o synthetic vitamin D3 analague. Vitomin D3 plays an impartant part in skin heolth, acting ot cellular level to reduce the rate of cell division and increase cell maturotion.

Calcipotriol is licensed for use in mild to moderote plaque psoriasis covering up to 40 per cent of the body. It is more acceptable than some of the older treatments, which con be messy to use and stain clothes. Those contoining coal tar usually smell unpleasont.

Calcipotriol cream or ointment should be applied thickly ond allowed to dry into the skin. Any very thick scales should be removed using an emollient before applying calcipotriol. Unless the honds are alsa being treated, they shauld be washed thoroughly after application.

Patients should be worned nat ta use more thon 100g in a week, as there hove been reports af interference with the calcium metabolism in some potients, causing roised serum calcium levels (hypercolcaemio).

Jill mode sure thot Lucy knew how to use the creom and asked her ta let her know haw things progressed.

A couple of weeks later Lucy returned for more creom ond to purchase some more aqueous cream, which she wos going through ot o great rate. She tald Jill thot the rash seemed ta be working its way fram her trunk (where it started) down her limbs.

Her legs and orms were quite bad, and although her neck was a lot better thon it hod been, she was toking the precoutian af buying a new dress for the ball. This hod a mandarin style neckline and sleeves to cover the tap part of her arms, in place of the mare revealing one she had hoped to wear!

Jill osked Lucy how the rash had started, and leornt thot Lucy had developed o lorge red patch on her upper trunk. The rash had developed outwords from this initial patch.

This shows mild to moderate plaque psoriasis, by far the most common pattern of psoriasis with single or multiple plaques varying from a few millimetres to several centimetres across

Other possible causes

A skin condition frequently confused with psoriosis is pityriasis rosea. It is a self-limiting non-recurrent scaly condition, thought to be caused by infection, probably viral. Moles ond females are equally affected.

Commonly, the condition starts with a single lesion, which is lorge, round and conspicuous, 2-6cm in diometer, ond generally an the trunk. This is knawn os the herold potch ond is sametimes initiolly mistoken for ringworm. The herald potch is fallawed by the development of discrete smaller more oval ploques, which course over the trunk in o lineor foshion.

The extremities may be affected, though the face and scalp are rarely involved. Individual lesians, particularly those on the neck, moy shaw a border of scoles pointing towords the centre of the lesion.

The condition can be itchy, even more so than psoriasis. It usuolly clears in six ta eight weeks, and rarely needs any treotment other than emollients, systemic antihistamines if the itching needs treatment, and re-assurance. Customers presenting with symptoms should be referred to their GP for diagnasis.

Jill felt that, given the details of Lucy's condition, it wos probably more likely to be pityriasis rosea than guttote psoriasis. Lucy had not had a sore throat or tonsillitis before the onset. However, she had remarked on the presence of a large red patch on her trunk at the start of the problem, and the rash did seem to be working its way ocross her trunk and down her extremities.

Jill felt that it wos rather late in the day ta intervene, but suggested thot Lucy might wont to ask her doctor about pityriasis. Despite fearing she would never remember its name, Lucy said she hoped her rosh wos due to a self-limiting viral infection, rother thon hoving to worry obout the possible recurrence of psoriosis.

In July, after her finols, Lucy papped in to see Jill again. The rash had completely cleared a cauple af months ofter it started, and her university GP agreed that with hindsight, it was probably pityriasis rasea. Most impartantly, she wanted ta show the staff the photas af the May Ball – the high-necked dress had gone down o storm!

C&D is accredited by the College of Phormocy Proctice os o provider of distonce leorning until Morch 2001

ACTION PLAN

1. In your practice workbook make notes on the pathophysiology of psoriasis.
2. Note the characteristic appearance and location of the rashes of psoriasis, guttate psoriasis and pityriasis rosea.
3. Record the next ten prescriptions you have for a patient with psoriasis (limit this to the drugs for this condition). Does any patient receive an excess of potent steroidal cream/ointment? How often is vitamin D3 analogue prescribe Do patients report 'anything works'?
4. Try to find out whether a cream or ointment is the best formulation to treat the eruptions of psoriasis.
5. How often do you feel the doctor has misdiagnosed a patient's condition? Now ask yourself how often you misdiagnose a patient's condition.

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NUTRICIA SUPPLEMENTS
The science of well-being

Skill mix comes under scrutiny in Section 5 of the NHS programme for pharmacy

Getting the most from pharmacists

The Government believes the time is right for a more focused debate on the respective roles and responsibilities of pharmacists and their staff, so that the skills of technicians and other support staff are fully utilised in all pharmacy services, not just in hospitals.

"Given the many new roles for which pharmacists may be in demand, it will be important to ensure that skill mix within pharmacy is appropriate," says 'Pharmacy in the Future'.

The Department of Health's new chief pharmaceutical officer, Jim Smith, is to take forward the skill mix debate in consultation with the profession.

The Royal Pharmaceutical Society will soon be releasing a document giving guidance on developing standard operating procedures in the dispensary and Council is likely to want to consider further the issue of supervision. At the same time, after agonising for several months, the Pharmaceutical Services Negotiating Committee has agreed on a skill mix document, which it has put out for comment to the National Pharmaceutical Association, the Company Chemists' Association and the Co-op Technical panel.

When Council debated skill mix a couple of years ago, there was a fear that if dispensing were delegated to technicians there would be nothing for community pharmacists to do. But the NHS programme for pharmacy has confirmed a clear role for pharmacists in medicines management, says the Society's president Christine Glover.

"If that's one aspect of the goal, then pharmacists will have to train others to do the more routine dispensing. There simply won't be enough pharmacists to do everything they will be expected to, and there will be a need for good support staff. The last time we debated skill mix there wasn't an alternative role for pharmacists. With the Government's assurance that community pharmacists will be involved in managing medication, we can have a more sensible discussion.

"It's not a threat to pharmacists, as they will still be responsible for managing those to whom they have delegated the day-to-day tasks. We're possibly talking about other science graduates having a role to play here."

Says PSNC chairman Wally Dove: "When putting together our supervision document we had to balance two conflicting arguments. We still think it's important to keep pharmacists involved in the dispensing process, while recognising they have to be physically able to carry out other professional tasks in the pharmacy. The document says that pharmacists must be in the building and interruptible, rather than being able to leave the pharmacy for an indeterminate time."

PSNC has accepted, without the need for debate, two resolutions on the subject put to the LPC Conference in March. One calls on PSNC "to ensure that the role of dispensing technicians and counter assistants is modernised to take advantage of 'Pharmacy in the Future'." PSNC says that staff training would be fundamental to negotiations with the Department of Health in meeting the pharmacy plan's objectives.

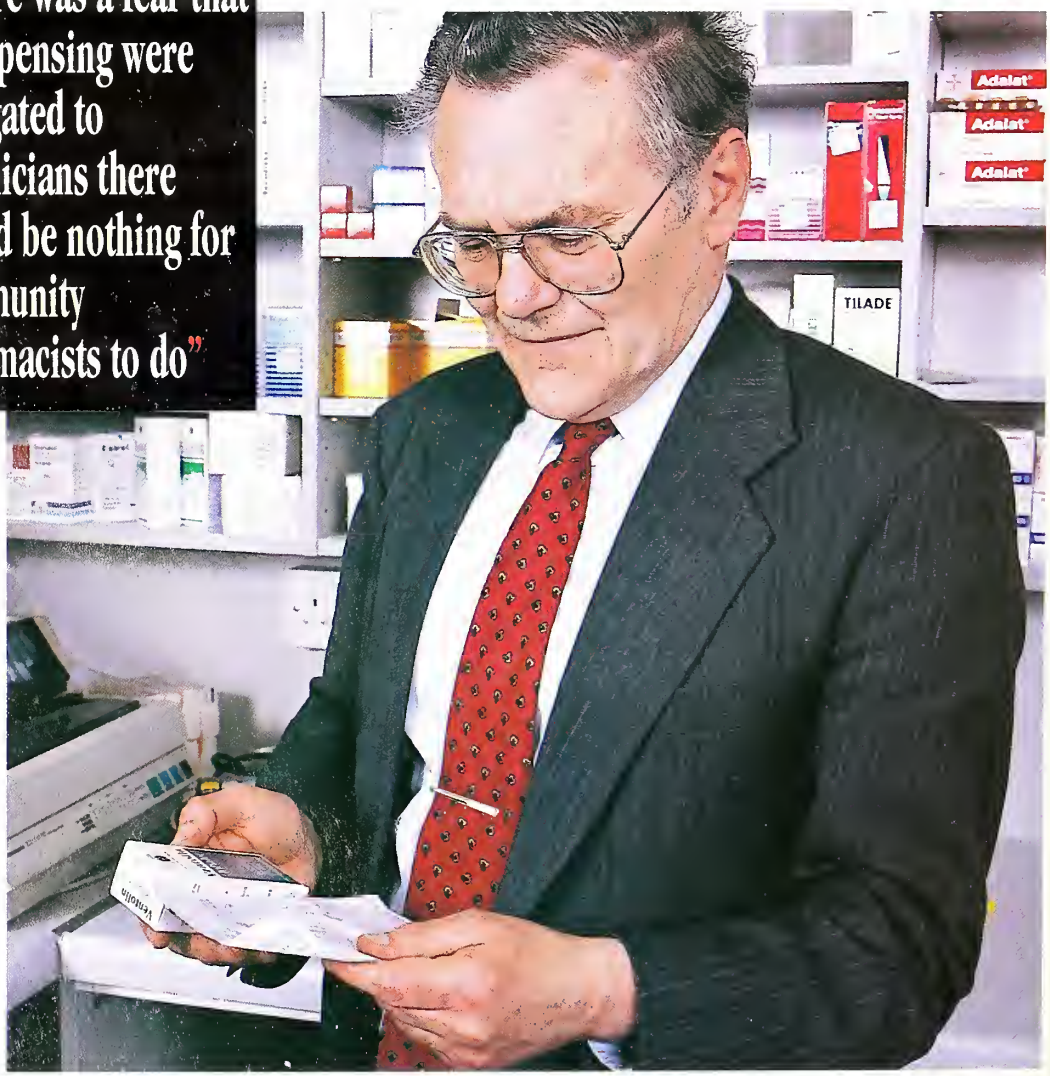
A 'range of issues'

Another resolution calls on PSNC to recognise that supervising dispensing and providing related advice will remain the principal task of community pharmacists for the foreseeable future. PSNC responds that the pharmacist's role is concerned with a range of issues, of which supervising dispensing is only one, "albeit a very important one". But it thinks it is inappropriate for the profession to be tied to any specific priority. "Flexibility in negotiations is of vital importance" in meeting the challenges presented by the pharmacy programme, says PSNC.

The National Pharmaceutical Association is still committed to the concept of pharmacists maintaining control of the clinical and cognitive side of dispensing, while delegating the mechanics to trained technicians.

Chief executive, John D'Arcy, says: "We advocate that pharmacists free themselves from the mechanical aspects as much as they can. Pharmacists' skills should be deployed in making clinical judgments on whether the prescription is appropriate and helping the patient understand how to take it. There is no substitute for face-to-face contact with patients, but the level of pharmacist input depends on each individual case.

> "There was a fear that if dispensing were delegated to technicians there would be nothing for community pharmacists to do"



"Both the profession and the Government want to make better use of pharmacists' skills, but it's already a full time job handling 580 million or so prescriptions a year. The logistics of getting the right medicine to the right patient involves a great deal more than straightforward supply, but, because it's all done so seamlessly, a lot of outsiders think it's easy. If pharmacists are to move into new roles, we have three main options. The best and the preferred option is to engage second pharmacists. But who will pay for this and where will we get them from?

"The second option is delegation. Pharmacists can free up their time by letting go of the more routine tasks. They need to be better delegators and to make best use of their support staff. But even then there are limits to the amount of time this will free up; pharmacists still need to be readily accessible to patients and don't have the luxury of being able to put customers off until later, or they will go elsewhere.

"The third option is to relax supervision. There's a huge conundrum here. If we allow pharmacists to leave the pharmacy for a short while, any time period could increase to the point where we don't have pharmacists in pharmacies! From the patient's point of view, contact with the pharmacist is vitally important and it's clear from the NHS plan that the focus is now on patients."

The Community Pharmacy Practice Research Consortium, set up jointly by the main pharmacy bodies, is to embark on research into what exactly pharmacists do with their time and how new roles such as medicines management could fit into the existing workload.

The multiples' view

Lloydspharmacy's deputy superintendent, Nick Mortimer, says the company has already submitted a detailed response to the Society on end-point checking, based on the views of several of its pharmacists.

"While there are many reasons for the more efficient use of pharmacists' time, there are also grave reservations concerned with ensuring that any changes reflect the quality approach needed to include clinical governance as a priority in any new service offered to the NHS," he says.

Tesco's pharmacy superintendent, Penny Beck, believes pharmacists should not be spending all their time dispensing, but should utilise their skills better and delegate technical tasks to appropriately trained support staff.

"We need to be clear about the extra roles we want our pharmacists to perform and plan ahead to deliver these expectations," she says.

Moss Pharmacy claims to be the only multiple offering an NVQ course for technicians, as well as an accredited medicines counter assistants' course.

Workforce planning

The 'Pharmacy in the Future' document says more should be done to analyse and predict workforce supply across all sectors of the profession. A 12 per cent increase in pharmacists is predicted between 1998 and 2003, despite the change to a four-year undergraduate course.

Most pharmacists work as employees in community practice. If employers wish to benefit from a stream of well-qualified new recruits, "they need to work with the Society and the government to get a good picture of the workforce as a whole".

Tesco's Penny Beck believes there should be a long-term (ten-year) plan to predict trends in pharmacist workforce numbers, rather than the much shorter-term plans currently produced.

"Figures indicate that the number of registered pharmacists has not fallen, so work needs to be done to identify why there is a workforce shortage," she says. "Is the selection process correct at university entrance level? Why do students choose pharmacy as a profession? Why do registered pharmacists not practise pharmacy, but perhaps become lawyers or move into IT?"

Moss Pharmacy's 'Fallow year project' aims to fill all pharmaceutical staff vacancies by this summer. It involves recruiting overseas pharmacists and working closely with employees to ensure that holidays and locum availability are closely matched. Pharmacists at head office are kept fully trained so that they can be on-hand to help at branches if necessary. Pre-reg recruitment has always been important and a vocational package enables students to gain pharmacy experience during the summer holidays.

To Lloydspharmacy, the NHS plan inevitably means more pharmacists will be needed to provide the mandatory extended service. The company is well aware of the staffing implications, having just obtained a contract for a pharmacy at an NHS walk-in centre in the Wirral. Three full-time pharmacists have been recruited to provide a full service. Their main duties will not be to dispense but to supervise the sale of medicines and other services, such as healthy heart checks.

The NPA's John D'Arcy says that, if the model of one pharmacist per pharmacy is to continue, there is bound to be a shortage because of the trend to longer opening hours, more female pharmacists and more jobs for the profession in the NHS.

"The only way to solve this is to train more pharmacists," he says. The costs would be small compared with the savings to be made by using these pharmacists to ensure better medicines management and tackle wastage.

Improving your life

By 2003 all NHS employers will be expected to put the Improving Working Lives standard into action, so all pharmacy staff will be sure they belong to an organisation "which can prove it values its staff in deed as well as in word".

Although this standard does not apply to proprietor pharmacists, who are independent contractors, they still need to take notice in a competitive world where employees can be choosy about where they work.

In October, Moss Pharmacy began a workforce study involving 11,000 pharmacists. The aim is to find out what elements are important to pharmacists in their working lives and what benefits appeal to them. The results will enable Moss to offer more targeted packages, improving recruitment and retention.

The multiples are also committed to investing in continuing professional development. Lloydspharmacy is about to introduce a new CPD initiative for its pharmacists, in the belief that CPD will be mandatory in 2002.

At Tesco, each pharmacist has a set of clearly-defined objectives and a personal development plan to help them achieve these objectives, which can be either professional or management based. The company funds at least 30 hours of CPD for full-time pharmacists (pro-rata for part-timers).

"We expect our pharmacists to include development time within their normal working week, not in their spare time, and this is an indication of our commitment to life-long learning," says Penny Beck.

Moss Pharmacy aims to improve pharmacists' overall base-line skills and make their jobs as varied and interesting as possible. This is being done through a CPD review, with additional specialist training provided for key experts. The human resources department is working towards Investors in People accreditation to help establish quality standards. The company is also tackling flexibility and work/life balance, especially for staff with families.

Although independents do not have the same resources, Mr D'Arcy says they can still try to make their businesses more attractive to prospective employees. Money and perks are important but employees also need to feel they are appreciated for doing a good job.

"Employers will have to woo pharmacists from a limited pool and ask themselves: What is the attraction of working for me?"

UniChem

Pharmacy Fantasy League update - Italy get off to an 'interesting' start

Two weeks ago, Italy's national rugby team proudly entered the Stadio Flaminio in Rome in front of 42,000 spectators wearing their neatly pressed Alliance UniChem branded shirts. But despite an encouraging start, by half time Ireland had taken the lead and went on to win the first game of the Lloyds TSB Six Nations Championship (It 22, Ire 41).

For those of you who entered the UniChem pharmacy fantasy league competition announced in 3rd February issue, you will have spotted that the star players for Italy were Pilat, Checchinato, Bergamasco and Pez. But were they in your squad?*

We were inundated with replies and ten of these lucky entrants will be at Italy's second game against England this weekend, along with a friend. They are: Mr Roe, Dr S. Gogna, Mr Maron, Ms McCreedy, Mr John, Ms Draper, Mr Mould, Ms Clapperton, Mr R Heaps and Mr Beaumont.

However, the main prize, a weekend in Rome to see Italy's final game against Wales, is still up for grabs, as are 25 Italian Alliance UniChem branded rugby shirts for the runners up. Meanwhile, today is the first game that counts in terms of our competition so sit back and enjoy the game. Good luck!

*Unfortunately Pilat and Checchinato had not been named for the squad at the time C&D went to press so were not included in our competition.

Dr Terry Maguire draws a few lessons on what health promotion in community pharmacy is all about, after attending the European Conference on Health Promotion in General Practice last year

Practising health promotion

The European Conference on Health Promotion in General Practice in Brussels last November represented a rich spectrum of interests and expertise in pharmacy and general practice medicine from throughout Europe.

Its aims were to foster the development of good practice, support the sharing of ideas and develop a strategy for health promotion in primary care to be taken forward by the EU Commission. These objectives were achieved only to a limited degree.

It was a great pity that many presenters could not resist the desire, so often experienced at international conferences, to describe in detail what they think they do back home. Personally, I would have preferred that they addressed the topic!

However, as the conference unfolded it became clear that perhaps there was a more fundamental problem. The conference highlighted the usual clash of cultures and a basic misunderstanding of what health promotion is.

GPs and pharmacists living in the northern part of Europe expressed an unhealthy animosity to each other – a phenomenon not so obvious in the UK. Among pharmacists there was a lack of consensus on what constituted health promotion within pharmacy practice.

My own strong views on the topic succeeded in further dividing opinion and for my effort I was accused for being too 'Anglo Saxon' in my outlook! My grandmother would have been shocked.

This lack of understanding was most poignant in a session entitled 'Health Promotion and Pharmaceutical Care'. This consisted of three presentations from pharmacists on pharmaceutical care interventions. The presentations were excellent and identified some exciting outcomes: better patient management, improved symptom control and proper use of inhaled devices.

What was missed by the presenters was the fact that pharmaceutical care has little to do with health promotion. Yes, improved control of asthma symptoms constitutes improved health, but is this health promotion?

"We cannot ignore lifestyle issues when addressing drug-related issues"

Asked how many subjects in the asthma pharmaceutical care intervention smoked, and how many stopped smoking, or even expressed a desire to stop smoking as a result of this intervention, they had no idea. They claimed it wasn't covered in the research protocol.

This suggests to me that the accepted model of pharmaceutical care[1] is seriously limited and deeply flawed when applied to the practice of community pharmacy in the UK.

The definition, just to remind you, is: 'The responsible provision of drug therapy for the purpose of achieving definite outcomes, that improve a patient's quality of life'.

This has been developed further by Lynda Strand and colleagues[2]: 'Pharmaceutical Care is a practice in which practitioners take responsibility for a patient's drug related needs, and are held accountable for this commitment'.

The Pharmacy Strategy[3] implies that government will support the medicines management project put forward by the PSNC. In Northern Ireland a similar project has already received funding and is currently underway.

There is little doubt that inappropriate drug use costs money and causes considerable morbidity and mortality. But we are not going far enough if, when implementing these models, we choose to ignore lifestyle issues that have a direct impact on the disease, either in causing it, or in militating against its management.

Pharmaceutical care fails to address primary disease prevention and fails to address secondary disease prevention in those suffering from disease. Is it really enough to ensure that an asthmatic patient can use his large volume spacer with his inhaler while ignoring the fact that he smokes 30 cigarettes a day?

How can we advise a patient on her anti-hypertensive medication without assessing the impact of her excessive alcohol consumption? How can we advise a diabetic on how to use his insulin, yet fail to mention some strategy to manage his obesity?

We cannot ignore lifestyle issues when addressing drug-related issues. There is little doubt that changing lifestyles is difficult but to ignore the problem, by sticking to a purist model of pharmaceutical care, is frankly unethical.

It's like a garage instructing someone buying a car on how they should check it for petrol and what petrol they should use, but failing to mention the need to change the oil, have spark plugs replaced and water checked by way of a regular service.

Primary care health promotion in community pharmacy is about identifying both drug-related and lifestyle-related needs and addressing them. Basic skills such as brief motivational interviewing technique can ensure that pharmacists are

Dr Terry Maguire

effective in bringing about behaviour change both in medicines use and in willingness to adopt healthier lifestyles.

In the UK, community pharmacy practice needs to move beyond pharmaceutical care. While maintaining the good elements of the pharmaceutical care model, we must add in a consideration of lifestyle.

Primary care health promotion practice is: 'The active and evidence-based promotion of health, patient empowerment and the facilitation of lifestyle changes to ensure maintenance of good health, prevention of illness and assurance of disease management'.

Strategies for pharmacy such as 'Pharmacy in a New Age' and 'Vision 2020', its equivalent in Northern Ireland, are better and more comprehensively articulated in the definition of primary care health promotion practice than they are in the current definition of pharmaceutical care. So how does it work?

Take three patients:

- Nadim Patel asks for general health advice on his holiday to Spain. He is going out with some mates from his work. They are all in the 18-30 age group. Nadim is very healthy.

Drug-related needs – there are none except, perhaps, how to take loperamide capsules if he buys some.

Lifestyle related needs – advice on suncare, safe sexual practices and perhaps diet to avoid diarrhoea. It is professionally necessary to mention these issues and pharmacists can gain commercial benefits from sales of sun-block preparations and condoms. Back up verbal advice with a leaflet. Do it in such a way that you facilitate Nadim's understanding of the issues. Avoid lecturing.

- Anne Reilly asks for advice on a cough with phlegm. She is a smoker. She is taking no other medicines. She is 35 years old.

Drug-related needs – advice on a suitable cough remedy.

Lifestyle-related needs – smoking must be addressed. The pharmacist merely needs to ask about it. If she is not ready to stop – usually indicated by dismissive way of replying to your question – back off. If she wants more advice, decide how far you want to go. You could provide the Smoking Challenge 2000 or refer her to another agency like the GP practice if they have a smoking cessation service. Patients who use NRT are more likely to successfully stop smoking. They also bring profit to the pharmacy.

- Jean Roberts is an overweight 56-year-old non-insulin dependent diabetic (NIDDM) patient. She has been to her GP for a repeat prescription. She reports she has been suffering from flushes and thinks it's the "change of life", but didn't get a chance to mention it to her doctor.

Drug-related needs – Jean needs advice on HRT. She may or may not need it, but it should be considered and, unless contra-indicated, be prescribed. She needs advice on her anti-diabetic medication and on how to measure her blood glucose. Her glucose should be kept normoglycaemic.

Lifestyle related needs – Jean needs to be taking good exercise to keep her bones healthy, particularly now that she is facing the menopause. She needs to develop a plan to lose some weight. This may have been progressed with a dietician; if not, a referral to one locally is essential.

Primary care health promotion practice is an attempt to further develop the definition and practice of pharmaceutical care to include lifestyle related needs.

This is a richer model of practice for community pharmacy and is more in keeping with the development of pharmacy in the UK, and in line with the aims and objectives of strategies such as PIANA and Vision 2020.

Implementation will be relatively easy as most pharmacists are already practising many elements of the scheme. More importantly, health gains should be much greater.

References:

1. Hepler, C and Strand, L. 'Opportunities and Responsibilities in pharmaceutical care'. Am. J Hosp. Pharm. 1990; 47, 533-543.

2. Cipolle, R; Strand, L; and Morley, P. 'Pharmaceutical Care Practice.' McGraw-Hill Health Professions Division. 1998.

3. 'Pharmacy in the Future – Implementing the NHS Plan'. DoH, London 2000.

● *Dr Maguire is director of the Northern Ireland Centre for Post-graduate Pharmaceutical Education and Training. He is a pharmacy contractor with two pharmacies in Belfast, and he is immediate past president of the Pharmaceutical Society of Northern Ireland*

Discovering the people factor

'People power' should be the buzz word for managers today. Just as money is invested for a greater return, there is a need to invest in people to reap the full benefits. Karen Mannering looks at what it takes to become an investor in people

In a world where so many businesses offer similar products at similar prices, the only significant difference is achieved through people. In the fast-moving world of retail business, there is no doubt that outlets with the most skilled, flexible and committed staff hold the competitive edge.

The IiP principle

Investors in People (IiP) is an initiative that has been around for some time now (it was designed in 1990). Since then it has achieved a lot for small businesses and the people who work in them.

The standards that make up the IiP framework document are so flexible that even if your company is too small to register for IiP, they are still useful guidelines to work to and base the people side of your business on.

IiP is the National Standard for effective investment in people. At its simplest it sets a level of good practice for improving your business through good people management. At its best it encourages excellence in the development of your staff and offers you a framework which you can integrate with your business strategy. It also creates a culture of continuous improvement within the business.

Flying the IiP flag

Businesses that follow through to assessment and show that they meet the IiP standard are publicly recognised and permitted to use the IiP kitemark. However, the benefits to be gained from IiP are in following the standards - not by simply obtaining the 'badge'.

New standard

A new IiP standard was launched last summer and there are now 12 indicators (a significant change from the original 23 IiP standards), under four principles which form a continuous loop of development both for the business and also for its people.

Commitment: this is demonstrated through a tangible commitment, made by the business or its directors, to develop all staff to achieve the business objectives. This commitment needs to manifest itself through staff being encouraged to improve their own performance and that of others.

Equal opportunities for all employees need to be evident and all staff need to believe that their contribution to the company or business is recognised.

Planning: this second principle is based around the business planning cycle. It is also concerned with people development and how this is linked to the business plan and is being monitored.

Action: the third principle looks at how the organisation works in action. Printed plans are all very well, but are managers actively supporting their staff effectively? Is there an induction process for new staff and do employees really understand the objectives of their training?

Evaluation: the fourth principle is based around reflection and how the company or business learns. It ensures that sound evaluation practices are in place to help learning at both the individual and business level and to ensure that improvements are being actioned. Has training been cost effective? Can you demonstrate the business benefit of developing your people?

Jason Bennion

Setting the context

Implementing IiP cannot be achieved overnight, but neither will you be starting from scratch. You will probably find that you are already achieving some of the indicators.

If your business is small, you cannot register for IiP. However, using IiP standards to guide your business will still ensure that you are integrating sound business procedures. You are implementing a quality standard, will learn more about your business, and could soon see the benefits without incurring any registration or assessment costs.

Why bother?

With so many pressures on businesses these days, you may wonder why you should bother. After all, staff are paid, so shouldn't they just do the work? If this is your attitude then you will find it pervades your business and will be reflected in the attitudes of your staff, and passed on to your customers.

If you do not care about your staff, they will not care about your business. Skilled and motivated people work harder and better, with a sense of purpose. They understand what they add to the business and are prepared to 'go the extra mile'. Show a commitment to them and they will show a commitment to you.

One pharmaceutical company which found that IiP made all the difference is M&A Chemists, a small pharmacy chain with five outlets, based in Bradford.

IiP was first brought to the attention of Ralph Greenwall, manager of the Bradford Branches of M&A Chemists Ltd, when he saw the difference that it could make within the care homes he was visiting.

"I saw it first as not only an opportunity to improve standards within my pharmacy, but also as a standard of excellence that might be recognised by the care home industry - one of my main customers," Mr Greenwall says.

He also found that it was a great way of rationalising and to some extent subsidising the training he wanted his staff to have.

"One of my early fears when embarking on the 'Investor's path' was that it would weigh me down with endless paper work, staff appraisals and the need to build a huge portfolio of evidence. What I found was that most of the communication between staff members was verbal, ensuring that staff not only knew what to do but why they were doing it," he says.

He found that setting goals and targets for the branch was simple, achievable and measurable. Ensuring that the whole staff understood what the goals were and how their individual work contributed, helped the company to achieve the desired results.

"Following the Investors in People ethos has allowed our staff not only to develop as individuals, but also as a team. Knowing how important their contribution is and how they can use their individual skills for the benefit of the business not only improves the working lives of our employees, but also allows us to build our business from strength to strength," Mr Greenwall concludes.

The practices and ways of working that have been implemented at the Bradford Branches are now being extended across the whole of M&A Chemists and the company hopes to achieve recognition for the whole firm in the not too distant future.

Further information

- 'Investors in People Explained' by P Taylor & B Thackwray, Kogan Page
- Contact Investors in People UK on 0207 467 1900 for free literature.
- Visit the Investors in People UK web site: *www.investorsinpeople.co.uk* or contact your local TEC or Business Link.

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PIs get the Watchdog Healthcheck

'Watchdog Healthcheck', the BBC programme hosted by Gaby Roslin, will look into the issue of parallel imports (PIs) in its next edition.

Researchers for the programme have asked the National Pharmaceutical Association for further information and statistics on the subject. The programme will be seen on Monday, February 19 at 7.30pm and was filmed at an unspecified independent pharmacy earlier this week.

The programme makers assured the NPA that the programme was not aiming to 'have a go at pharmacists', but to look at why the NHS pays more for its medicines than other countries.

Meanwhile, Gehe UK and Lloydspharmacy have issued a holding statement, pointing out that the Government regularly recovered some of the profits made by pharmacists' clawback on the sale of PIs.

On the issue of quality control of parallel imported medicines Michael Ward, managing director of Lloydspharmacy and chief executive of Gehe UK, said that "whenever we import from abroad, all medicines sold are subject to vigorous checks".

Mr Ward added that the company's pharmacy superintendent would only allow products to be sold if all packaging and information was in English and the dosage was suitable for the UK market.

IN BRIEF

Celltech sells Armstrong

Celltech Group has sold its Armstrong business to Andrx Corp for $18m (£12.4m). Armstrong is a self-contained business based in Boston, which carries out contract manufacturing of aerosol inhalation products for the pharmaceutical industry.

Scotia administrators cut jobs

Scotia's administrators have confirmed that 22 staff, nearly a quarter of the firm's workforce, have been made redundant in an attempt to keep the company afloat until rescue financing can be secured. The administrators have also closed Scotia's Fornham office.

Superdrug speculation

Speculation surrounding the sale of Superdrug continue this week, with attention focusing on three possible buyers: Canadian retailer Shoppers Drug Mart; Dutch chemist chain Kruidvat; and German drugstore chain Schlecker. Kingfisher, Superdrug's parent company, would only confirm that it was considering the sale.

Scottish Widows to provide NPA stakeholder pensions

The National Pharmaceutical Association (NPA) has arranged a special stakeholder pension package for its members with Scottish Widows.

The NPA/Scottish Widows branded stakeholder pension allows pharmacists to offer their employees a choice of either Scottish Widows or an external fund. It carries a service charge of only 0.6 per cent of the amount contributed per year, a significant reduction from the maximum permitted charge of 1 per cent.

Under the scheme, employees can pay as little as £20 per year into the stakeholder pension, but the NPA's financial director, Richard Maw, strongly recommended contributing at least £20 or between 1-3 per cent of the salary per month. Contributions could be made either through the payroll or by setting up a direct debit.

The NPA will provide pharmacists with a communications support pack for employers, which includes advice on how to conduct discussions on the subject with staff, a copy of the NPA stakeholder pension decision tree and a CD-Rom with templates of letters that need to be handed to employees.

Mr Maw pointed out that as yet there was no legal compulsion for employers to contribute to an employee's stakeholder pension fund, but he anticipated that this would be introduced within the next two years.

The NPA's financial director, Richard Maw, and Scottish Widows' managing director, Newton Scott, sign the stakeholder pension deal

An NPA stakeholder pension helpline will be set up, operated by Scottish Widows. The hotline's telephone number had not been allocated as *C&D* went to press, but employers can call 0845 845 8845 for more details.

Mr Maw added that the NPA was organising special "stakeholder pension roadshows" to take place at LPC or RPSGB branch meetings.

"Stakeholder pensions will be obligatory and we expect members to take an interest," he said.

Stakeholder pensions will become a legal requirement for anybody employing more than five members of staff on April 6, and Mr Maw felt this was an area in which it was "very appropriate for a trade association to get involved".

He reminded pharmacists that they would face a £50,000 fine unless a pension scheme already existed or members had introduced stakeholder pensions by October.

Mr Maw was confident that the NPA had negotiated the best possible deal for its members and had ended up with a "reasonable scheme" which met all the legal requirements. He added that pharmacists would find it difficult to find a better deal. Scottish Widows already provides the NPA internal pension scheme.

● The Post Office, now operating under its new name Consignia, has reportedly appointed Standard Life as the provider for its stakeholder pension. The Post Office stakeholder pension is said to carry the maximum charge of 1 per cent.

Mawdsleys gets ready to expand supply into London

Mawdsleys, the regional wholesaler, is to expand its territory as far as North London by opening a fourth depot in Milton Keynes later this year (see also *C&D* October 14, p24).

As part of a multi-million pound investment the company has acquired a purpose-built warehouse situated in a 4.5 acre site, providing it with a springboard for expansion into southern England.

Operating from its existing depots in Salford, West Bromwich and Sheffield, Mawdsleys currently supplies customers in the Northwest of England, Yorkshire and the Midlands. The Milton Keynes depot is expected to extend that area to North London, Colchester and Bristol.

"The new depot, which is at the centre of an excellent transport network, allows us to offer a twice daily service into London, where the choice of wholesaler is currently restricted to AAH and UniChem," said Robert Harwood, Mawdsleys' commercial director.

He added that pharmacists were now given a real third alternative, breaking into the existing duopoly. Mawdsleys expects to start operating from the Milton Keynes depot later in the year.

AstraZeneca sees challenging times ahead

AstraZeneca's (AZ) chief executive Tom Killop has warned that the company will face a tough couple of years, largely due to the imminent patent expiry for two of its best-selling products, Losec and Zestril.

Dr Killop said the next two years for AZ would be "challenging" as the company shifted its "reliance on hugely successful, yet maturing products" to a new generation of medicines. He insisted that AZ had made good progress on its product pipeline with 14 candidate drugs being nominated for development ahead of target.

According to Dr Killop, group sales should grow by around 5 per cent this year. He said that the company would invest further in marketing new products and in research and development, especially post launch studies.

Dr Killop's remarks came as AZ announced sales of £15.1 million, an increase of 8 per cent, and pre-tax profits up by 16 per cent to £3.6m. However, at £6.2m, sales of Losec and Prilosec alone accounted for more than a third of total revenues.

Dr Killop said that AZ's replacement product for Losec, Nexium, was showing encouraging results following its launch in nine European countries, amongst them the UK and Germany. The company is expected to launch the product in 20 more countries this year, including the US.

Gehe intends to go Dutch

Gehe AG, the German parent company of AAH Pharmaceuticals and Lloydspharmacy, confirmed this week that it is planning to extend its retail operations to Holland.

Gehe's finance director, Stefan Meister, told *C&D* that the company intended to apply the retail experience it had acquired in the UK to other countries where pharmacy chains were legally permitted.

Mr Meister added that Holland was one such market, and that Gehe was inevitably watching it with great interest.

He would not be drawn on the names of possible candidates for acquisitions. However, a statement on Gehe's web site appeared to hint at an alternative explanation for Gehe's interest in Holland.

This repeatedly mentioned that Gehe's primary European competitor had recently entered the Dutch retail pharmacy sector. UniChem acquired 200 retail pharmacies as part of its take-over of Dutch pharmaceutical wholesaler Interpharm in October last year.

The statement goes on to say that the Gehe's focus in terms of market entries was the acquisition of retail pharmacies. It did not, however, rule out pursuing opportunities in the Dutch pharmaceutical wholesale sector were these to arise.

COMING EVENTS

FEBRUARY 20

NICPPET, at the Pharmaceutical Society of Northern Ireland, University Street, Belfast, 8pm.

FEBRUARY 21

Edinburgh & Lothians Branch, RPSGB, at the Royal Pharmaceutical Society, York Place, Edinburgh, 7.15pm.

NICPPET, at the Aldegrove Airport Hotel, Antrim, 10am-5pm.

FEBRUARY 23

NICPPET, at the White Gables Hotel, Hillsborough 10am-5pm.

Oxfam slates GSK over third world patent protection

GlaxoSmithKline (GSK) has been singled out by leading UK charity Oxfam as the target of its latest campaign, attacking patent rights and high drug prices for developing countries.

As part of the 'Cut the cost' campaign Oxfam challenged GSK to take a lead in bringing down prices by foregoing patent rights in developing countries.

Oxfam claims that patent protection rules prevent poorer countries from using generic equivalents of branded drugs to treat conditions such as AIDS/HIV.

"Generics are a lifeline for millions of people in the developing world. The issue of price is critical for poor people in developing countries," Oxfam's policy advisor, Sophia Tickell, told the BBC.

Oxfam also urged GSK to withdraw its case against the South African government over its programme for affordable medicines and called on GSK to donate 0.3 per cent of its annual sales of any drug earning more than $1 billion per year to an international research fund operated by the World Health Organisation (WHO).

A spokesman for GSK said that the company very much regretted the announcements made by Oxfam, especially in light of discussions between the two organisations, as Oxfam appeared not to recognise the complexity of the problem.

The issue needed to be addressed in a partnership approach involving governments, international bodies and the pharmaceutical industry. He claimed that patent protection was essential for pharmaceutical companies and pointed out that 95 per cent of the drugs on the WHO's "essential medicines list were no longer under patent".

A spokesman for the Association of the British Pharmaceutical Industry (ABPI) said that the issue was not simply about prices, but also infrastructure.

"We are not walking away from this, we are happy to play our part, but it is not a problem the industry can tackle on its own," the spokesman concluded.

BUPA acquires clicklocum

BUPA, the private healthcare company, has acquired online locum agency clicklocum.com for an undisclosed sum. Clicklocum would only confirm that BUPA had made a substantial investment.

Pharmacist Paul Jhass, the founder of clicklocum, said that the sale was not connected with cash flow problems and that the company's business plan had always included a second round of funding.

He added that apart from BUPA, various organisations had expressed an interest in the company, including other locum agencies.

"BUPA is an international organisation and as such gives clicklocum a national as well as international prominence," he said.

Mr Jhass, who has previously worked for BUPA, added that the company had considerable expertise in medical placement through its existing locum agencies for doctors and nurses.

BUPA also owns 35 registered retail pharmacies, based in hospitals, and a spokeswoman for the healthcare giant said that that acquiring a pharmacist locum agency was a natural progression to its existing business.

She added that BUPA had been very impressed with clicklocum's quality of service and software. While the company plans to extend clicklocum's service nationally, the spokesperson said that there were no immediate plans to enter into the dentistry locum market. Clicklocum had identified providing a locum service for dentists as a possible area for expansion.

Mr Jhass also pointed out that BUPA was also involved in clinical governance issues in the medical profession as well as training and education for nurses.

"If these should be required by the pharmacy profession, BUPA already has that experience," he said.

The deal between the two companies was finalised in December. Clicklocum, which was launched in April of last year, currently has around 600 locums on its register.

Mr Jhass said that the development of an extended, value-added package for pharmacy locums was in the last stages and would be launched in March. He would not reveal any details of the new package, except to say that it would build upon the existing clicklocum offering, which includes a financial accounts maintenance system and invoicing facility.

"The important thing for locums is that they are treated as professional people and are able to deal with a respectable organisation with whom they can achieve their objectives. BUPA lends that respectability," said Mr Jhass.

MCA launches updated web site

The Medicines Control Agency (MCA) has expanded its web site *www.open.gov.uk/mca/mcahome.htm* and says that it is now more user-friendly.

As well as contact details and links to other sites, the site has clearly defined sections covering topics such as 'Frequently asked questions', 'What's new', 'Our work', 'About the agency'.

A new section is dedicated to monitoring the safety and quality of medicines, and will list new drugs under intensive surveillance and adverse drug reactions. It will also highlight important safety messages.

The site will also set out the MCA's aims, objectives and mission statements. Other features include the annual report and the agency's business plan for the coming year.

Norton gets a right royal touch

HRH The Duke of Kent recently visited Norton Healthcare's headquarters at London's Royal Docks. After being welcomed by Norton's chairman, Isaac Kaye, the duke was shown the company's research and development facilities, and gave Norton's Easi-Breathe inhaler a royal inspection.

Easi-Breathe has recently been confused with the breath-actuated salbutamol pMDI from a different manufacturer, which has been discontinued. Norton assures customers that the inhaler is 'alive and well' and still very much available.

The confusion appeared to have been caused by a letter sent out by 3M informing them of the discontinuation of their product, as a result of which many pharmacists phoned Norton.

The Duke of Kent concluded his visit by unveiling a commemorative plaque.

HRH The Duke of Kent during his recent visit to Norton's HQ

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Please Note
More Appointments on Pages 27 & 28

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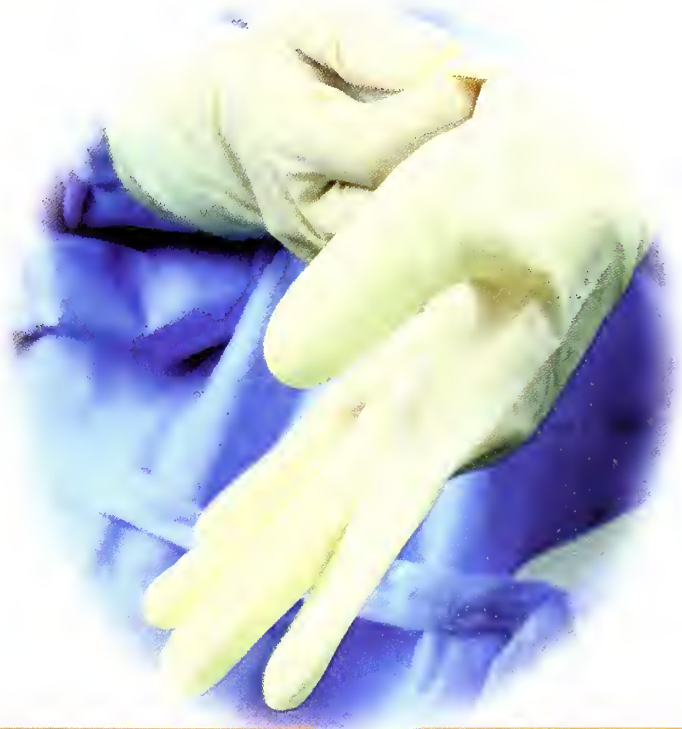

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Medicines Management Services are set to become an important and integral element in the delivery of high quality, patient-centred healthcare in the modern NHS. The 'NHS Plan' and 'Pharmacy in the Future' stated that a major new initiative would be undertaken nationally to develop a range of medicines management services within every PCG/PCT by 2004.

The National Prescribing Centre (NPC) is a high profile and influential NHS body, based in Liverpool. It has a remit to facilitate the promotion of high quality, cost effective prescribing and medicines management through a co-ordinated and prioritised programme of activities aimed at supporting all relevant professionals and senior managers working in the modern NHS.

The National Primary Care Development Team (NPDT) is a new and important national initiative delivering the successful Primary Care Collaborative. This involves practice teams from PCGs and PCTs in optimising the overall experience and clinical outcomes for patients.

Applications are invited from individuals with a range of backgrounds for these new and challenging team posts. The posts will provide, for high-calibre and respected healthcare professionals or managers, exciting career development opportunities to work at the cutting edge of national policy development in healthcare. The successful candidates will be part of a carefully selected multidisciplinary project team that will work alongside several national organisations already recognised and respected in the areas of change and medicines management across the NHS.

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The successful candidates will be managed by the Project Team Leader and be accountable to the NPC's Director. They will have a responsibility for helping to develop, manage and deliver the Medicines Management Services Programme to time and within budget. They will also be required to help ensure that the Team establishes close and effective working relationships with the separate national pilot trial (linked to the PSNC) of a structured medicines management programme, based exclusively in community pharmacies.

For an initial informal discussion contact Clive Jackson, NPC Director, on 0151 794 8137.

For an application form and job description please call the 24 hour answer phone, 0151 285 2073 quoting the job title, reference number: 19/01, and your name and address, or alternatively you can e-mail kate.simpson@liverpool-ha.nhs.uk or write to the Human Resources Department, Liverpool Health Authority, Hamilton House, 24 Pall Mall, Liverpool, L3 6AL.

Closing date: 7th March 2001

Interviews are expected to be held during the w/c 2nd April 2001

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VETERINARY SERVICES

Back issues

A slippery situation

This month 100 years ago saw *C&D* slip into a discussion about the validity of a trade name that has since gone from strength to strength.

A High Court decision that Vaseline was not a suitable trade mark and that it should be removed from the register was deemed "highly surprising" by our editor.

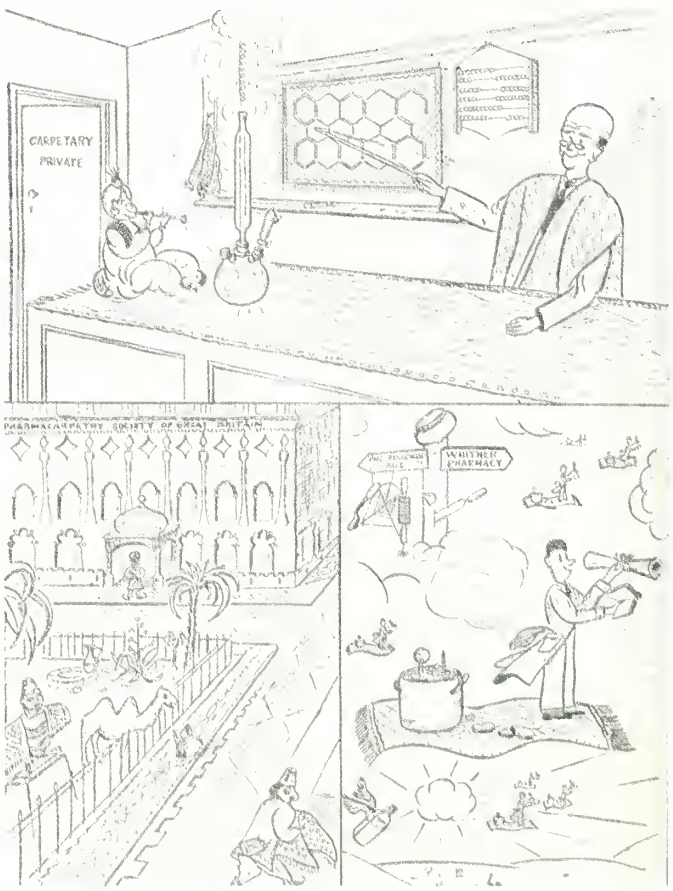
Several companies had already claimed their right to use the word. Their claim to the Vaseline name was on the grounds that it was a descriptive name. Our editorial asserted, however, that it was a made-up word, "if ever there was one".

Always first to give you the important news, *C&D* had reported the origin of the word many years before. Mr R A Chesebrough, who invented the product, wanted a word that would express his idea of water in association with oil. He combined the words 'wasser' (German for water) and 'elaion' (Greek for oil) and out popped Vaseline.

However, Mr Chesebrough made the mistake of taking out a patent for the purification of his petroleum jelly, calling the article Vaseline. This meant that the name was descriptive and thus unregisterable. Chesebrough Vaseline stayed exclusively his brand, but the word Vaseline became common property.

The Court's decision was subject to appeal. This appeal, or a later one (as we now know), must have been successful as the Vaseline label now hosts a variety of its own products.

● The Pharmaceutical Society's Council has had its fair share of scandal over the years. Last year it was the President's flat, but in 1950 it was the Society's carpet. In February 1950, Council had just voted to spend £1,500 on carpets. These cartoons on the subject (below) were submitted by a subscriber.



APPOINTMENTS

Pharmacist **Ailsa Granne** has been appointed as the general manager at Horton Hospital in Banbury, part of the four-hospital Oxford Radcliffe NHS Trust. She moved to the hospital from Newcastle in 1996, as chief pharmacist. She took over the general manager's post in mid-January. "Working as a chief pharmacist in a clinical role is good preparation for general management," she says. The Intercare Group has made some key appointments to its senior management team. **Godfrey Axten**, lately chief executive of Novartis Consumer Healthcare in the UK, becomes managing director of subsidiary Martindale Pharmaceuticals. **David Horry**, who was supply chain manager at Boots Contract Manufacturing, becomes managing director for distribution. **David West**, formerly managing director of Martindale, becomes the finance director.

Ailsa Granne

Godfrey Axten

Debbie Clayton (left) and Marlene Goodwin

Chemist Brokers has made two marketing appointments in its health and beauty division. **Debbie Clayton**, who has spent time at the Body Shop, has joined as marketing controller, and **Marlene Goodwin** becomes marketing manager.

Stomach rumbles at the GMC

Things are getting worse rather than better at the General Medical Council, the doctors' disciplinary body, which has found itself in the news too often for its own comfort in recent months. This week's medical press reports that: "GMC members have been reduced to eating sandwiches for lunch as part of a cost-cutting plan to use their dining and member's rooms for disciplinary hearings."

Scrapping the traditional three-course lunch and doing away with dining facilities could save £500,000 a year, reports *GP magazine* (February 16). This, in turn, could help meet the costs of an increasing workload, and that other medical bugbear, revalidation.

The GMC is calling for public funding to help it carry out these duties and the cost of an increasing lay membership. If the medics are baulking at the cost of revalidation, where does this leave the Royal Pharmaceutical Society, which is moving down a similar path? And if the Government does chip in to help support such a system, where does that leave professional self-regulation? In thrall to the Treasury, like so much else.

OBITUARY

Dr Dermot McCafferty, reader in pharmaceutics, School of Pharmacy, Queen's University of Belfast, unexpectedly on January 26.

Professor James McElnay, head of School, writes: "The staff and students of the School of Pharmacy at Queen's are still in shock after the sudden tragic death of Dermot McCafferty last month. Dermot joined the staff of the School in 1975 as a lecturer and was made a reader in pharmaceutics in 1992. He made significant contributions to research, teaching and learning over a period of 25 years. He was best known internationally as the co-inventor, with Prof David Woolfson, of the technology behind the percutaneous anaesthetic product Ametop.

As well as being sadly missed by all staff within the School, he will be fondly remembered by all his past students for his informative lectures and careful project supervision in the area of drug formulation and tableting. His casual, yet highly professional style was much appreciated by his students.

Dermot had a number of ongoing research collaborations in drug delivery, not least with colleagues at Trinity College Dublin. For the past five years he had organised the annual joint research seminar between the two universities.

Dermot will be remembered with affection and respect by all those who came into contact with him. Our thoughts at this time are with his family, in particular his wife Anne-Marie, daughter Orla and son Michael.

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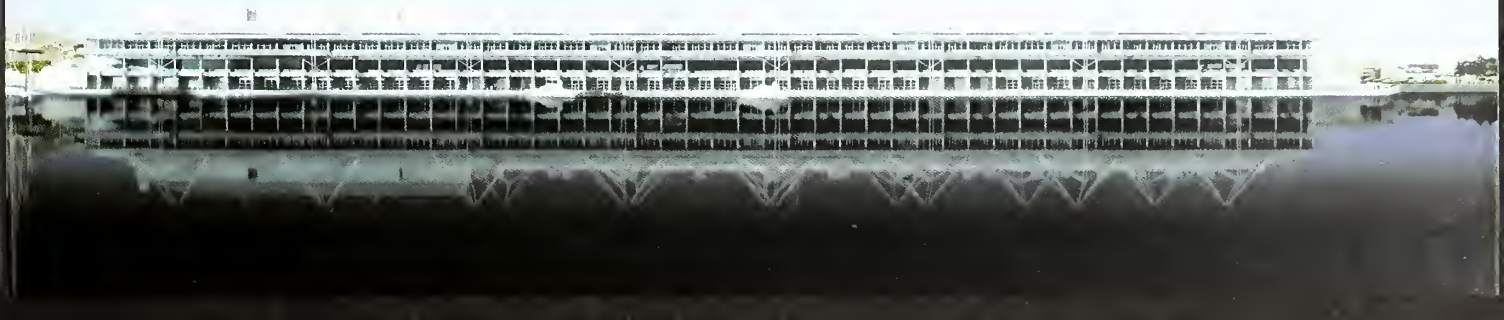

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